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TITLE: The Effects of Supportive and Nonsupportive Behaviors on the Quality of Life of Prostate Cancer Patients and Their Spouses

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supportive behaviors mediate the relationship between illness uncertainty and QOL and illness uncertainty and psychological well-being? To date, we have successfully recruited, at baseline, 132 patients and 114 spouses. Preliminary baseline results suggest that patients' QOL is significantly related to perceptions of marital satisfaction, social support and unsupportive behaviors. These relationships did not hold true to spouses.

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FOREWORD

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X For the protection of human subjects, the investigator(s) adhered to policies of applicable Federal Law 45 CFR 46.

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INTRODUCTION

Research on prostate cancer has not, as yet, identified how patients' and their spouses' supportive (e.g., giving advice/emotional support) and nonsupportive behavior (e.g., criticizing/avoiding partner) affect and are affected by their: 1) feelings of disease uncertainty, 2) psychological well-being, 3) perceptions of control, and 4) qualify of life (QOL). This two year prospective observational survey study explores these issues among approximately 150 early stage prostate cancer patients and their spouses are asked to complete a questionnaire packet before surgery (radical prostatectomy), and at one, six and 12 months post-surgery. The questionnaire packet assesses perceptions of disease uncertainty, supportive and unsupportive behaviors, perceptions of control, marital satisfaction, and quality of life. The specific predictions to be tested in the study are:

HI: Greater levels of illness uncertainty among prostate cancer patients and their spouses will predict significantly lower levels of perceived control.

H2: Patient and spouses with low levels of uncertainty and/or high perceived control will need primarily informational and social and instrumental support; individuals with high levels of illness uncertainty and/or low perceived control will need emotional, network and esteem support.

H3: Greater illness uncertainty and perceived inadequacies in social support, especially in areas most needed, will correlate positively with frequency and types of non-supportive behaviors.

H4: Social support and non-supportive behaviors will mediate the relationship between illness uncertainty and QOL, and between illness uncertainty and psychological well being.

H5: Higher levels of uncertainty and lower perceived control will predict poorer QOL, especially shortly after surgery.

H6: Spouses will experience poorer QOL than patients.

BODY

During the first year of the grant, we have achieved successfully many of our preliminary objectives as provided in our statement of work. These are listed below:

Task 1: Plan and develop a tracking system with the Duke Department of Urology to recruit study participants (months 1-2)

Progress: We have initiated and implemented a very successful recruitment procedure which has resulted in reaching close to 90% of all early stage prostate cancer patients (A & B) who visit the urology clinic.

Task 2: Develop and test study questionnaire with 10 prostate cancer patients and their spouses (months 1-2).

Progress: We have not only pilot tested this questionnaire, but have also designed the one, six, and twelve-month questionnaires. These questionnaires are exhibited in Appendices B-E. (The baseline questionnaire is presented in Appendices B. We have provided a copy of both the patient version and the spouse version of the baseline questionnaire. However, for the one, six, and twelve-month post surgery questionnaires, Appendices C-D, we have included only the patient version. The variance in the two questionnaires, spouse and patient, is minimal and thus remains consistent throughout the various time points.)

Task 3: Mail-out study questionnaires to 150 prostate cancer patients and their spouses along with reminder notices and phone calls (months 3-27).

Progress: We are in our final month of collecting baseline data, and in early October we will begin sending out our 12-month post-surgery follow-up questionnaire. As of September 15, 1999, we have tracked 256 patients through Dukes Urology Clinic. Of these 256 patients: 137 are enrolled, 38 are actively being recruited, 14 never sent back their questionnaire after all reasonable efforts were made, 16 refused to participate, and 51 were ineligible (28 chose treatment other than surgery, 9 diagnoses of another cancer within less than 5 yrs, 4 due to extenuating circumstances (i.e. surgical complications), 3 were mentally incompetent, 2 had recurrent prostate cancer, 2 had been diagnosed more than one yr. ago, 2 were prisoners and 1 patient was too advanced after clinical exam).

We have chosen to enroll patients that do not have a spouse or partner. These 13 patients were sent questionnaires without questions that assessed relationship constructs (e.g. social support, marital satisfaction).

On a few occasions we were unable to recruit patients before they had their surgery. However, due to their interest in participating these 5 patients were enrolled at the one-month post-surgery follow-up.

Along with the 137 patients that are currently enrolled in the study, 119 of their partners (spouses or significant others) have completed questionnaires and are enrolled in the study.

Table 1 summarizes the current recruitment data:

Table 1: Recruitment Summary as of September 15, 1999

Questionnaire Time point	Total Sent	Total Received	Patients with a Partner (2)	Patients with out a Partner (3)	Partners (4)	Matched Pairs (Dyads) (5)
Baseline	289	246	119	13	114	112
One month Follow-up (1)	194	180	82	5	82	81
Six Month Follow-up	86	74	35	5	34	34
Twelve Month Follow-up	0	0	0	0	0	0

⁽¹⁾ Some patients who completed baseline questionnaires were lost at follow-up for various reasons. 26 patients were lost because their post surgical pathology report indicated advanced disease, 3 changed their treatment choice, and 1 was lost due to refusal. Thus, 98 patients remained eligible for the one-month follow-up as compared with 128 patients that were enrolled at Baseline and have had their surgery. 9 patients have not yet had their surgery.

(2) This column represents the number of patients that completed the questionnaires who have a partner (spouse or significant other).

(4) This column represents the number of partners (spouses or significant others) that completed the questionnaires.

⁽³⁾ This column represents the number of patients that completed the questionnaires who do not have a partner (spouse or significant other).

⁽⁵⁾ This column represents the number or couples (patients and their spouses or significant others) that completed the questionnaires.

Task 4: Conduct analyses on baseline data.

Progress: Baseline data analyses will begin during the first week in October. However, we have had an abstract based on preliminary analyses of 72 patients and their spouses, accepted to the Pan American Congress of Psychosocial and Behavioral Oncology Conference to be held October 20th – 23rd in New York City. This abstract is included in Appendix A.

Tasks 5-8: Conduct analyses on the one, six and twelve month post-surgical data and write-up overall project paper(s).

Progress: These activities will begin to take place starting in February of the year 2000.

KEY RESEARCH ACCOMPLISHMENTS

We have initiated and implemented a very successful recruitment procedure which has resulted in reaching close to 90% of all early stage prostate cancer patients (A & B) who visit the Duke Medical Center's urology clinic.

> Developed and distributed to patients and their spouses the baseline, and one, six, and 12

month post-surgery questionnaires.

➤ Have achieved a very satisfactory return rate from patients; 85% at baseline, 86% at the one-month post surgery time point and 87% at the six-month post-surgery time point. The high return rate was similar among the spouses; 85% at baseline, 88% at the one-month post surgery time point and 85% at the six-month post-surgery time point.

➤ Will be presenting an abstract of baseline results to the Pan American Congress of Psychosocial and Behavioral Oncology Conference to be held October 20th – 23rd in New

York City.

REPORTABLE OUTCOMES

Abstract entitled: "Correlates of Quality of Life Among Prostate Cancer Patients and Their Spouses" to be presented at the Pan American Congress of Psychosocial and Behavioral Oncology Conference to be held October 20th – 23rd in New York City

CONCLUSIONS

An in-depth analysis of our baseline data will commence shortly. However, based on very preliminary baseline data (pre-surgery) we are finding that:

> Women report poorer quality of life than the patient, especially in areas that involve

emotional outcomes (e.g., mental health).

The reported quality of life of the patient is correlated significantly with their perceptions of marital satisfaction, disease uncertainty, perceived spousal support and perceived spousal critical and avoidant behaviors. These outcomes are not consistently related to spouses' quality of life. Therefore, it may be the patient's perceptions of relational issues that may affect more powerfully his quality of life than that of the spouse.

REFERRENCES

Not applicable at this time.

Appendix A Abstract

"Correlates of Quality of Life Among Prostate Cancer Patients and Their Spouses" Isaac M. Lipkus*, Elizabeth Clipp, Richard Potthoff, and Cary Robertson

Duke University Medical Center, Durham, North Carolina, United States

There has been little research exploring how prostrate cancer patients and their spouses' feelings of disease uncertainty, perceived social support, negative social interactions (i.e., critical and avoidant behaviors), and marital satisfaction affect their own and their partners' quality of life. We explored these influences among 72 early stage prostate cancer patients and their spouses shortly before having surgery (radical prostatectomy).

Patients' emotional and social well-being, as assessed by the SF-36, were most consistently related to perceptions of their disease uncertainty, spousal support, degree to which they viewed their spouses as critical and avoidant, and to marital satisfaction. Spouses' quality of life was related less consistently to their own perceptions of these outcomes. Patients with wives that expressed greater marital satisfaction reported enhanced emotional well-being. However, spouses' quality of life was unrelated to patients' perceptions of their own disease uncertainty, perceived spousal support, spouses' negative and avoidant behaviors and marital satisfaction. Patients reported better emotional well-being, more energy/less fatigue, and less bodily pain than reported by their spouses. These data suggest that in contrast to their spouses, quality of life among men with early stage prostate cancer, prior to surgery, is related strongly to their feelings of disease uncertainty, to the nature of support they feel from their spouses, and to the quality of their spousal relationships. Future studies aimed at assessing quality of life in men with prostate cancer should take accounts from both members of the spousal relationship, focusing especially on the nature of support experienced by men between diagnosis of prostate cancer and surgical intervention.

Appendix B Baseline Questionnaires

Patient with a Spouse Questionnaire

WELCOME!

This is the beginning of the questionnaire. We would like to thank you, in advance, for the time and thought you invest in filling it out. Please complete and return this survey in the postage paid envelope before your treatment for prostate cancer begins.

INSTRUCTIONS: In the following pages, you will be asked several questions about your health, well-being, quality of life, perceptions of support that you give and receive from your wife, and views of your illness. Please try to answer each question. While you complete the questionnaire, please do not talk about the questions or answers with anyone. All your responses will be kept strictly confidential, and will not be seen by your spouse. Should you have any questions, please call Jill Smith at 919-956-5644. In advance, thank you for your time and efforts.

We will begin by asking you some questions about your background.

Foday's date: / Month Da	y Year		
Name:			-
Home Address:	Street		Apt. #
City	State	Zip Code	
Home Phone Number: ()		<u> </u>	
Date of Birth://			
What is your highest level of e 1 Grade school 2 Some high school 3 High school graduate 4 Some college 5 College graduate 6 Graduate education	е		
Which of the following best de 1 White, not of His	spanic origin	ા or ethnic backgroા Hispanic origin	und?

9

A8.	Which of the following best describes your current relationship?
	 Living with spouse or partner In a significant relationship, but not living together Not in a significant relationship
A9.	What is your current marital status?
·	1 Never married 2 Married 3 Separated 4 Divorced 5 Widowed
A10.	How long have you been married/separated/divorced/widowed? years
A11.	Who else lives in your household besides yourself? (Please check all that apply.)
and the state of t	1Your husband/wife 2Your mother 3Your father 4Your children 18 or under —> How many? 5Your children over 18 —> How many? 6Sister(s) —> How many? 7Brother(s) —> How many? 8Grandchildren —> How many? 9Grandparent(s) —> How many? 10Other relatives —> How many? 11Other non-relatives —> How many? 12I live by myself.
A12.	Here are several broad income ranges. Please select the range that most closely approximates <u>your</u> yearly household income, before taxes, from all sources, including social security.
2 3 4 5 6 7	0 - \$4,000 \$4,001 - \$9,000 \$9,001 - \$18,000 \$18,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$60,000 Above \$60,000
A13.	Altogether, how many people live on this income?
Accountant into carbonate March	People.

Do you have any of the following illnesses or conditions at the present time?

			umer			
ILLNESS / CONDITION Circle No or Yes			If YES, circle how much the illness interferes with your daily activities.			
Exa	mple; Asthma	No	Yes	Not At All	A Little	A Great Deal
В1	Anemia	No	Yes	Not At All	A Little	A Great Deal
B2	Arthritis or rheumatism	No	Yes	Not At All	A Little	A Great Deal
В3	Asthma	No	Yes	Not At All	A Little	A Great Deal
B4	Cancer or leukemia	No	Yes	Not At All	A Little	A Great Deal
B5	Circulation trouble in arms, legs, or feet	No	Yes	Not At All	A Little	A Great Deal
B6	Depression, anxiety or emotional problems	No	Yes	Not At All	A Little	A Great Deal
B7	Diabetes	No	Yes	Not At All	A Little	A Great Deal
B8	Effects of Polio	No	Yes	Not At All	A Little	A Great Deal
В9	Effects of stroke	No	Yes	Not At All	A Little	A Great Deal
B10	Emphysema or chronic bronchitis	No	Yes	Not At All	A Little	A Great Deal
B11	Epilepsy/seizures	No	Yes	Not At All	A Little	A Great Deal
B12	Glaucoma	No	Yes	Not At All	A Little	A Great Deal
B13	Heart Disease	No	Yes	Not At All	A Little	A Great Deal
B14	High blood pressure (greater than 140/90)	No	Yes	Not At All	A Little	A Great Deal
B15	Kidney disease	No	Yes	Not At All	A Little	A Great Deal
B16	Liver disease	No	Yes	Not At All	A Little	A Great Deal
B17	Multiple Sclerosis	No	Yes	Not At All	A Little	A Great Deal

	LLNESS / CONDITION		No or	If YES, circle how much the illness interferes with your daily activities.			
B18	Stomach or intestinal disorders, gall bladder problems, or irritable bowel syndrome	No	Yes	Not At All	A Little	A Great Deal	
B19	Other urinary tract disorders (including prostate trouble)	No	Yes	Not At All	A Little	A Great Deal	
B20	Parkinson's Disease	No	Yes	Not At All	A Little	A Great Deal	
B21	Severe memory problems such as Alzheimer's or other dementing illness	No	Yes	Not At All	A Little	A Great Deal	
B22	Skin disorders such as pressure sores, leg ulcers, or severe burns.	No	Yes	Not At All	A Little	A Great Deal	
B23	Thyroid or other glandular disorders	No	Yes	Not At All	A Little	A Great Deal	
B24	Tuberculosis	No	Yes	Not at All	A Little	A Great Deal	
B25	Stomach Ulcers	No	Yes	Not at All	A Little	A Great Deal	
B26	Leg Amputation(s)	No	Yes	Not at All	A Little	A Great Deal	

Please continue to the next page of the questionnaire.



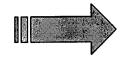
The following statements are about your thoughts and feelings <u>since your</u> <u>diagnosis of prostate cancer.</u> Please circle the statement that best describes your thoughts and feelings. Please respond to every statement.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
	MPLE: The purpose of each tment is clear to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C1	I do not know what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C2	I have a lot of questions without answers.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C3	I am unsure if my illness is getting better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C4	It is unclear how bad my pain will be.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C5	The explanations they give about my condition seem hazy to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C6	The purpose of each treatment is clear to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C7	When I have pain, I know what this means about my condition.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C8	I do not know when to expect things will be done to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C9	My symptoms continue to change unpredictably.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C10	I understand everything explained to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	

•	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
C11	The doctors say things to me that could have many meanings.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C12	I can predict how long my illness will last.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C13	My treatment is too complex to figure out.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C14	It is difficult to know if the treatments or medications I am getting are helping.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C15	There are so many different types of staff, it is unclear who's responsible for what.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C16	Because of the unpredictability of my illness, I cannot plan for the future.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C17	The course of my illness keeps changing. I have good days and bad days.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C18	It is vague to me how I will manage my care after I leave the hospital.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C19	I have been given many differing opinions about what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C20	It is not clear what is going to happen to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C21	I usually know if I am going to have a good or bad day.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C22	The results of my tests are inconsistent.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C23	The effectiveness of my treatment is undetermined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	

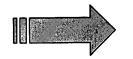
	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
C24	It is difficult to determine how long it will be before I can care for myself.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C25	I can generally predict the course of my illness.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C26	Because of the treatment, what I can do and cannot do keeps changing.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C27	I'm certain they will not find anything else wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C28	The treatment I am receiving has a known probability of success.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C29	They have not given me a specific diagnosis.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C30	My physical distress is predictable; I know when it is going to get better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C31	I can depend on the nurses to be there when I need them.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C32	The seriousness of my illness has been determined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C33	The doctors and nurses use everyday language so I can understand what they are saying.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	

Please continue to the next page of the questionnaire.



The following statements are about your sense of control over your life **since your diagnosis of prostate cancer**. Please circle the response that best describes how you think and feel since your diagnosis.

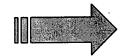
SENSE OF CONTROL		CIRCLE RESPONSE				
EXAMPLE: Most of my problems are due to bad breaks.		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D1	There is no sense in planning a lot. If something is going to happen, it will.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D2	The really good things that happen to me are mostly luck.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D3	I am responsible for my own successes.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D4	I can do just about anything I really set my mind to.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D5	Most of my problems are due to bad breaks.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D6	I have little control over the bad things that happen to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D7	My misfortunes are a result of the mistakes I have made.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
D8	I am responsible for my failures.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree



The next questions ask about marital attitudes and behaviors. Answer all questions as honestly as possible. Answer all questions with your partner in mind unless directed otherwise. **Please answer the questions without talking to your partner.** Your partner should not see or help with the answers. Circle the number from 1 to 7 that best reflects your thoughts and feelings about each statement.

	ATTITUDES AND BEHAVIORS	CIRCLE RESPONSE							
Exal stro	mple: Our marriage is ng.	Strongly 1234 Disagree			4	-(-5)	Strongly Agree		
E1	We have a good marriage.	Strongly Disagree	1	2	3	4	5	67	Strongly Agree
E2	My relationship with my partner is very stable.	Strongly Disagree	1	2	3	4	5	7	Strongly Agree
E3	Our marriage is strong.	Strongly Disagree	1	2	3	4	5	7	Strongly Agree
E4	My relationship with my partner makes me happy.	Strongly Disagree	1	2	3	4	5	7	Strongly Agree
E5	I really feel like part of a team with my partner.	Strongly Disagree	1	2	3	4	5	7	Strongly Agree
E6. On the scale below, indicate the point which best describes the degree of happiness, everything considered, in your marriage. Please circle the number that best represents your response.									
1-	34	5	6		7-		8	9	10
Ve	ery unhappy	Нарр	ру					Perfectly	/ happy

17



In the space below, please answer the following questions.

F1. Since your diagnosis of prostate cancer, what has your wife said or done that you experienced as most annoying or that upset you, made you angry, or just somehow rubbed you the wrong way?
To O' what have you wished that your wife had done or said to
F2. Since your diagnosis of prostate cancer, what have you wished that your wife had done or said to help you cope with cancer that she did not do?

The statements below are possible reactions that you may have had towards your wife since your diagnosis of prostate cancer. Please tell us how often you have responded this way **since your diagnosis with prostate cancer**.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE						
	EXAMPLE: Since your diagnosis, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G1	Since your diagnosis, you've acted impatient with her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G2	Since your diagnosis, you've seemed angry or upset with her when she needed assistance.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G3	Since your diagnosis you've complimented the way she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G4	Since your diagnosis, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G 5	Since your diagnosis, you've made her wait a long time for help when she needed it.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G6	Since your diagnosis, you've made it comfortable for her to share with you how she was feeling.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G 7	Since your diagnosis, you've avoided being around her when she was not feeling well.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			
G8	Since your diagnosis, you've given her the idea you really did not want to talk about a problem she was having.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way			

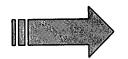
,	THOUGHTS AND FEELINGS		CIRCLE	RESPONSE	
G9	Since your diagnosis, you've shouted or yelled at her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G10	Since your diagnosis, you have made it a point to spend time with her when you thought she was feeling low.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G11	Since your diagnosis, you've not seemed to respect her feelings.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G12	Since your diagnosis, you've complained about any medical problems she might have, or about helping her with a task she found difficult to do by herself.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G13	Since your diagnosis, you've acted uncomfortable talking to her about how she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G14	Since your diagnosis, you've criticized the way she was coping with your disease and/or its treatment.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G15	Since your diagnosis, you have been affectionate with her when you thought she needed support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G16	Since your diagnosis, you've acted less accepting of her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G17	Since your diagnosis, you've not been emotionally supportive of her when she expected some support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way

The next questions concern your relationship with your wife <u>since your</u> <u>diagnosis of prostate cancer.</u> Please circle the response that best describes your thoughts and feelings about each statement.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE						
hav	AMPLE: Since my diagnosis, I e not been able to turn to my e for guidance in times of ess.	Strongly Disagree	Disagree	Agree	Strongly			
H1	Since my diagnosis, I have been able to depend on my wife to help me if I really need it.	Strongly Disagree	Disagree	Agree	Strongly Agree			
H2	Since my diagnosis, I have not been able to turn to my wife for guidance in times of stress.	Strongly Disagree	Disagree	Agree	Strongly Agree			
Н3	Since my diagnosis, my wife has enjoyed the same social activities I do.	Strongly Disagree	Disagree	Agree	Strongly Agree			
H4	Since my diagnosis, I have felt personally responsible for my wife's well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree			
H5	Since my diagnosis, I have not thought that my wife respected my skills and abilities.	Strongly Disagree	Disagree	Agree	Strongly Agree			
Н6	Since my diagnosis, if something went wrong my wife would not come to my assistance.	Strongly Disagree	Disagree	Agree	Strongly Agree			
H7	Since my diagnosis, I have had a close relationship with my wife that provides me with a sense of emotional security and well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree			
Н8	Since my diagnosis, my wife has recognized my competence and skill.	Strongly Disagree	Disagree	Agree	Strongly Agree			
Н9	Since my diagnosis, my wife has not shared my interests and concerns.	Strongly Disagree	Disagree	Agree	Strongly Agree			

	THOUGHTS AND FEELINGS		CIRCLE	RESPON	ISE	
H10	Since my diagnosis, my wife has not really relied on me for her well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H11	Since my diagnosis, my wife has been a trustworthy person I could turn to for advice if I were having problems.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H12	Since my diagnosis, I have lacked a feeling of intimacy with my wife.	Strongly Disagree	Disagree	Agree	Strongly Agree	

Please continue to the next page of the questionnaire.



The following questions are about activities you might do during a typical day.

<u>Does your health now limit you in these activities?</u> If so, how much? Please circle your response.

ACTIVITIES	CIRCLE RESPONSE						
EXAMPLE: Lifting or carrying groceries	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I1. Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I3. Lifting or carrying groceries	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I4. Climbing several flights of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I5. Climbing one flight of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I6. Bending, kneeling, or stooping	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I7. Walking more than a mile	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I8. Walking several blocks	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I9. Walking one block	Yes, limited a lot	Yes, limited a little	No, not limited at all				
I10. Bathing or dressing yourself	Yes, limited a lot	Yes, limited a little	No, not limited at all				

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During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities <u>as a result of your **PHYSICAL**</u> **HEALTH**? Please circle YES or NO for each question.

PROBLEMS AS A RESULT OF PHYSICAL HEALTH	CIRCLE RESPONSE				
EXAMPLE: Accomplished less than you would like	Yes	No			
I11. Cut down on the amount of time you spent on work or other activities	Yes	No			
I12. Accomplished less than you would like	Yes	No			
I13. Were limited in the kind of work or other activities	Yes	No			
I14. Had difficulty performing the work or other activities (for example, it took extra effort)	Yes	No			

During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other daily activities <u>as a result of any **EMOTIONAL PROBLEMS**</u>, such as feeling depressed or anxious? Please circle YES or NO for each question.

EMOTIONAL PROBLEMS	CIRCLE RESPONSE			
I15. Cut down on the amount of time you spent on work or other activities	Yes	No		
I16. Accomplished less than you would like	Yes	No		
I17. Didn't do work or other activities as carefully as usual	Yes	No		

These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please circle the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

	FEELINGS	CIRCLE RESPONSE							
EXAMPLE: Have you felt calm and peaceful?		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I18.	Did you feel full of pep?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I19.	Have you been a very nervous person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
120.	Have you felt so down in the dumps that nothing could cheer you up?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I21.	Have you felt calm and peaceful?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I22	Did you have a lot of energy?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I23.	Have you felt downhearted and blue?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I24.	Did you feel worn out?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I25.	Have you been a happy person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I26.	Did you feel tired?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		

veeks, to what r normal social esponse2Slightly vain have you had the social esponse.	extent has your physic activities with family, f 3 Moderately ad during the past 4 v -34 Mild Mode	A little of the time cal health or emotional riends, neighbors, or grand Quite a bit weeks? Please circle years arate Severe	the time problems oups?5 Extremely our response.
r normal social esponse2	activities with family, f 3 Moderately nad during the past 4 v -34 Mild Mode	riends, neighbors, or gr Quite a bit Weeks? Please circle y	oups? Extremely our response.
Slightly pain have you have nild	Moderately nad during the past 4 v -34 Mild Mode	Quite a bit weeks? Please circle y	Extremely our response.
nild I	-34 Mild Mode	5	6
veeks, how mu	ab did nair interfere w		
2	? Please circle your re 3	4	5
Slightly ————	Moderately	Quite a bit	Extremely
			24

Please choose the answer that best describes how true or false each of the following statements is for you. **Circle one item on each line.**

	CIRCLE RESPONSE				NSE					
EXAMPLE: I expect my health to get worse.		Definitely Mostly I true.		N	lot sure. Mostly false.			Definitely false.		
I31. I seem to get sic easier than other	Defini true	- 1	Mostly true.		lot sure.	Mostly fa	alse.	Definitely false.		
I32. I am as healthy a anyone I know.	Definitely true.		Mostly true.	Not sure.		Mostly fa	alse.	Definitely false.		
I33. I expect my heal worse.	Definitely true.		Mostly true.	Not sure.		Mostly false.		Definitely false.		
I34. My health is exc	ellent.	Definitely true.		Mostly true.		lot sure.	Mostly fa	alse.	Definitely false.	
I35. In general, would you say your health is: Please circle your response.										
Excellent	Very (Good		Good		Fair			Poor	
I36. Compared to one year ago, how would you rate your health in general now? Please circle your response.										
Much better now than one year ago. Somewhat better now than one year ago.			Abo	About the same.		Somewhat worse now than one year ago.			ch worse now an one year ago.	

URINARY FUNCTION: This section is about your urinary habits. Please consider **ONLY THE LAST 4 WEEKS**.

J1. Over the past 4 weeks, how often have you leaked urine? Please circle your response.									
Every day	About once a week.			Less than once a week.			Not at all.		
J2. Which of the following best describes your urinary control during the last 4 weeks? Please circle your response.									
No control whatsoever.	•				ing. Occasional dribbling.			Total control.	
J3. How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks? Please circle your response.									
3 or more pads per	day.	1-	-2 pads	per day.			No pads.		
How big a problem, if a	any, has	each of the	followir	ng been f	or you?	Please	circle your res	sponse.	
					Big problem				
J5. Urine leakage No problem Very small Small Moderate Big problem problem problem problem									
J6. Overall, how big a problem has your urinary function been for you during the last 4 weeks? Please circle your response.									
12				nall Mode			45 oderate Big roblem problem		

BOWEL HABITS: This section is about your bowel habits and abdominal pain. Please consider **ONLY THE LAST 4 WEEKS**.

	have you had rec ks? Please circle		ke you had to	pass stool, but did n	ot) during the
1	2	3		4	5
			n once	About once a week	
J8. How often mushy) du	have you had sto ring the last 4 we	ols (bowel moven eks? Please circle	nents) that were your respons	re loose or liquid (no e.	form, watery,
1	2	3		4	5
Never	Rarely	About I the tir	half	Usually	Always
Please ci	rcle your respons Mo	e.			***************************************
	n have you had cr rcle your respons		r abdomen or	pelvis during the las	t 4 weeks?
1	2	3	4	5	6
				About once	
Times a day	a day	times a week	a week	this month	or never
	low big a problem rcle your respons		nabits been for	you during the last	4 weeks?
1		3		4	5
		Smal	1	Very small	No
~	problem	proble	em	problem	problem

SEXUAL FUNCTION: The next section is about your sexual function and sexual satisfaction. Many of the questions are very personal, but they will help us understand the important issues that you face every day. Remember, YOUR NAME DOES NOT APPEAR ANYWHERE ON THIS SURVEY. Please answer honestly about **THE LAST 4 WEEKS ONLY**.

How has ead	ch of the fo	llowing bee	n for y	ou? Pleas	se circle	your	response.		
•	2. Your level of Very poor sexual desire?		oor	r Poor			Fair	Good	Very good
J13. Your ab have an	ility to erection?	Very p	oor	Poo	or		Fair	Good	Very good
J14. Your ability to reach orgasm (climax)?		Very p	y poor		Poor		Fair	Good	Very good
J15. How wo None at		Not firm e	·····	for any	Fir	m en	ons? Please ough for ation and	Firn	ur response. n enough for tercourse.
J16. How wo	uld you de				fo	repla	ns? Please c		
I NEVER ha erection who wanted on	en I LE	nad an erec SS THAN H e time I war one.	IALF	I had a ABOUT time I w		the	I had an e MORE THA the time I	N HALF wanted	I had an erection WHENEVER I wanted one.
J17. How ofto respons		u awakene	d in the	e morning	or nigh	t with	an erection	? Please	circle your
Never	1	(less than the time)		often (less alf the tim			en (more that alf the time).	}	ery often (more an 75% of the time)

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J18. During the I	ast 4 weeks, did you	have vaginal or anal inter	course? Please circle	your response.
No		Yes, once	Yes, more	than once
J19. Overall, hov		r ability to function sexual	ly during the last 4 we	eks? Please
1	22	3	4	5
/ery poor	Poor	3 Fair	Good	Very good
	w big a problem has y le your response.	your sexual function been		,
1	2	3	4	5
No	Very	3 Small	Moderate	Big
No Problem	Very small problem	Small problem	Moderate problem	Big problem
No Problem J21. Overall, hove circle your in the second control of the second control o	Very small problem w satisfied are you wiresponse.	Small problem ith the treatment you rece	Moderate problem ived for your prostate	Big problem cancer? Please
No Problem J21. Overall, how circle your in the street that t	Very small problem w satisfied are you wiresponse. Dissatisfied	Small problem ith the treatment you recei	Moderate problem ived for your prostate Satisfied	Big problem cancer? Please 5 Extremely
No Problem J21. Overall, how circle your in the street that t	Very small problem w satisfied are you wiresponse. Dissatisfied	Small problem ith the treatment you receive and the streatment with the treatment you receive and the streatment with the treatment you receive and the streatment with the streatment you receive and the streatment with the streatment you receive and the streatment with the streatment with the streatment you receive and the streatment with the streatment you receive and	Moderate problem ived for your prostate Satisfied	Big problem cancer? Please 5 Extremely
No Problem J21. Overall, how circle your in the second se	Very small problem w satisfied are you wiresponse. Dissatisfied ections require chemi	Small problem ith the treatment you receive and the streatment with the treatment you receive and the streatment with the treatment you receive and the streatment with the streatment you receive and the streatment with the streatment you receive and the streatment with the streatment with the streatment you receive and the streatment with the streatment you receive and	Moderate problem ived for your prostate Satisfied	Big problem cancer? Please 5 Extremely
No Problem J21. Overall, how circle your in the second se	Very small problem w satisfied are you wiresponse. Dissatisfied ections require chemi	Small problem ith the treatment you receive and assistance? Please makes which method you use.	Moderate problem ived for your prostate Satisfied	Big problem cancer? Please 5 Extremely
No Problem J21. Overall, how circle your in the second se	Very small problem w satisfied are you wiresponse. Dissatisfied ections require chemicate f yes, please indicate Viagra Injections	Small problem ith the treatment you receive the second se	Moderate problem ived for your prostate Satisfied	Big problem cancer? Please 5 Extremely

Please answer the following questions related to your prostate cancer diagnosis.

K1. When did you first hear of the Prostate Specific Antigen (PSA) test or prostate blood test? 1 I have never heard of the PSA test. 2 I heard about it from the media (T.V., radio, newspaper, magazine). 3 I heard about it from my spouse. 4 I heard about it from my friends or relatives. 5 I heard about it from my primary care physician. 6 I heard about it from my urologist. 7 I heard about it today while in the clinic.								
circle you	K2. How much do you know about how the PSA test is used to detect prostate cancer? Please circle your response. 13							
None	A little	A moderate amount	A lot	A great deal				
1 No (go 2 Yes (g	K3. Has a doctor ever talked to you about your PSA level? Please mark your response. 1 No (go to question K5). 2 Yes (go to question K4). 3 Don't know (go to question K5).							
K4. How satisfied were you with the discussion that you had with your doctor about your PSA Level? Please circle your response.								
Not at all	Slightly	Moderately satisfied	Quite a lot	Completely				
K5. Do you kı	now your last PSA val	ue?						
1 YES	YES If Yes, please write it here: PSA value (ng/ml)							
2 NO If No, please mark one of the following options:								
	2a I don't	remember my last PSA	value.					
	2b I have never been told my PSA value.							

K6. Do yo	u know what d	ifferent PSA lev	vels mean? Pleas	e mark your re	sponse.	
1 No. 2 You 3 U	es					
or hig	h? Please circ	le your respons				
1		2	3	4		5
Not at all Concerne	d co	Slightly ncerned	Moderately concerned	Quite concern	ed	concerned
treatn			out how your PSA se mark your resp			
treatn	nent? Please o	circle your respo				***************************************
No	Very unlikely	Unlikely	4 Moderate chance	Likely	Verv	Certain to happen
Did any No			letion of this ques	tionnaire?		
Yes	If yes	, who?				

Thank you for taking the time to fill out this questionnaire. Your answers are very important to us. They will help researchers learn more about the quality of life of prostate cancer patients and their families.

We appreciate the care you have shown in completing this survey! We will be mailing you the second questionnaire one month after you begin your treatment for prostate cancer.

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Spouse Questionnaire

WELCOME!

This is the beginning of the questionnaire. We would like to thank you, in advance, for the time and thought you invest in filling it out. Please complete and return this survey in the postage paid envelope before your spouse's treatment for prostate cancer begins.

INSTRUCTIONS: In the following pages, you will be asked several questions about your health, well-being, quality of life, perceptions of support that you give and receive from your husband, and views of your husband's illness. Please try to answer each question. While you complete the questionnaire, please do not talk about the questions or answers with anyone. All your responses will be kept strictly confidential, and will not be seen by your spouse. Should you have any questions, please call Jill Smith at (919) 956-5644. In advance, thank you for your time and efforts.

We will begin by asking you some questions about your background.

	UND INFORMA	ATION - PLEASE	E PRINT.
Today's date:///	/ / Year		
Name:	·		-
Home Address:	Street		Apt. #
City	State	Zip Code	
Home Phone Number: ()			
Date of Birth://	/ Year		
What is your highest level of e	ducation? (Put a	checkmark by the a	nswer.)
 Grade school Some high school High school graduate Some college College graduate)		
6 Graduate education			
	scribes your racia	l or ethnic backgroւ	ınd?

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A8.	Which of the following best describes your current relationship?
	 Living with spouse or partner In a significant relationship, but not living together Not in a significant relationship
A9.	What is your current marital status?
	1 Never married 2 Married 3 Separated 4 Divorced 5 Widowed
A10.	How long have you been married/separated/divorced/widowed? years
A11.	Who else lives in your household besides yourself? (Please check all that apply.)
	1Your husband/wife 2Your mother 3Your father 4Your children 18 or under — How many? 5Your children over 18 — How many? 6Sister(s) — How many? 7Brother(s) — How many? 8Grandchildren — How many? 9Grandparent(s) — How many? 10Other relatives — How many? 11Other non-relatives — How many? 12I live by myself.
A12.	Here are several broad income ranges. Please select the range that most closely approximates <u>your</u> yearly household income, before taxes, from all sources, including social security.
2 3 4 5 6 7	0 - \$4,000 \$4,001 - \$9,000 \$18,001 - \$18,000 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$60,000 Above \$60,000
A13.	Altogether, how many people live on this income?
	People.

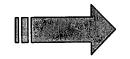
Do you have any of the following illnesses or conditions at the present time?

	ILLNESS / CONDITION				how much the illness h your daily activities.		
Exa	mple: Asthma	No	Yes	Not At All	A Little	A Great Deal	
B1	Anemia	No	Yes	Not At All	A Little	A Great Deal	
B2	Arthritis or rheumatism	No	Yes	Not At All	A Little	A Great Deal	
В3	Asthma	No	Yes	Not At All	A Little	A Great Deal	
B4	Cancer or leukemia	No	Yes	Not At All	A Little	A Great Deal	
B5	Circulation trouble in arms, legs, or feet	No	Yes	Not At All	A Little	A Great Deal	
B6	Depression, anxiety or emotional problems	No	Yes	Not At All	A Little	A Great Deal	
В7	Diabetes	No	Yes	Not At All	A Little	A Great Deal	
B8	Effects of Polio	No	Yes	Not At All	A Little	A Great Deal	
В9	Effects of stroke	No	Yes	Not At All	A Little	A Great Deal	
B10	Emphysema or chronic bronchitis	No	Yes	Not At All	A Little	A Great Deal	
B11	Epilepsy/seizures	No	Yes	Not At All	A Little	A Great Deal	
B12	Glaucoma	No	Yes	Not At All	A Little	A Great Deal	
B13	Heart Disease	No	Yes	Not At All	A Little	A Great Deal	
B14	High blood pressure (greater than 140/90)	No	Yes	Not At All	A Little	A Great Deal	
B15	Kidney disease	No	Yes	Not At All	A Little	A Great Deal	
B16	Liver disease	No	Yes	Not At All	A Little	A Great Deal	
B17	Multiple Sclerosis	No	Yes	Not At All	A Little	A Great Deal	

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	ILLNESS / CONDITION	1	e No or 'es	If YES, circle how much the illness interferes with your daily activities.			
B18	Stomach or intestinal disorders, gall bladder problems, or irritable bowel syndrome	No	Yes	Not At All	A Little	A Great Deal	
B19	Other urinary tract disorders (including prostate trouble)	No	Yes	Not At All	A Little	A Great Deal	
B20	Parkinson's Disease	No	Yes	Not At All	A Little	A Great Deal	
B21	Severe memory problems such as Alzheimer's or other dementing illness	No	Yes	Not At All	A Little	A Great Deal	
B22	Skin disorders such as pressure sores, leg ulcers, or severe burns.	No	Yes	Not At All	A Little	A Great Deal	
B23	Thyroid or other glandular disorders	No	Yes	Not At All	A Little	A Great Deal	
B24	Tuberculosis	No	Yes	Not at All	A Little	A Great Deal	
B25	Stomach Ulcers	No	Yes	Not at All	A Little	A Great Deal	
B26	Leg Amputation(s)	No	Yes	Not at All	A Little	A Great Deal	

Please continue to the next page of the questionnaire.



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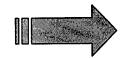
The following statements are about your thoughts and feelings <u>since your</u> <u>husband was diagnosed with prostate cancer.</u> Please circle the statement that best describes your thoughts and feelings. Please respond to every statement.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE				
treat	MPLE: The purpose of each ment for my husband is to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C1	I do not know what is wrong with my husband.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C2	I have a lot of questions without answers.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C3	I am unsure if my husband's illness is getting better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C4	It is unclear how bad my husband's pain will be.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C5	The explanations they give about my husband's condition seem hazy to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C6	The purpose of each treatment for my husband is clear to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C7	I do not know when to expect things will be done to my husband.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C8	My husband's symptoms continue to change unpredictably.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
С9	I understand everything explained to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C10	The doctors say things to me that could have many meanings.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

, •	THOUGHTS AND FEELINGS	CIRCLE RESPONSE				
C11	I can predict how long my husband's illness will last.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C12	My husband's treatment is too complex to figure out.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C13	It is difficult to know if the treatments or medications my husband is getting are helping.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C14	There are so many different types of staff, it is unclear who is responsible for what.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C15	Because of the unpredictability of my husband's illness, I cannot plan for the future.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C16	The course of my husband's illness keeps changing. He has good days and bad days.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C17	It's vague to me how I will manage my husband's care after he leaves the hospital.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C18	It is not clear what is going to happen to my husband.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C19	I usually know if my husband is going to have a good or bad day.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C20	The results of my husband's tests are inconsistent.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C21	The effectiveness of my husband's treatment is undetermined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C22	It is difficult to determine how long it will be before I can care for my husband by myself.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C23	I can generally predict the course of my husband's illness.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

	THOUGHTS AND FEELINGS		С	IRCLE RESP	ONSE	ı f
C24	Because of the treatment, what my husband can do and cannot do keeps changing.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C25	I am certain they will not find anything else wrong with my husband.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C26	They have not given my husband a specific diagnosis.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C27	My husband's physical distress is predictable; I know when it is going to get better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C28	My husband's diagnosis is definite and will not change.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C29	I can depend on the nurses to be there when I need them.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C30	The seriousness of my husband's illness has been determined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C31	The doctors and nurses use everyday language so I can understand what they are saying.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Please continue to the next page of the questionnaire.



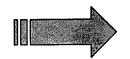
42

The following statements are about your sense of control over your life <u>since</u> <u>your husband's prostate cancer diagnosis.</u> Please circle the response that best describes how you think and feel about each statement.

SENSE OF CONTROL CIRCLE RESPONSE							
W-3/98003888800000	mple: Most of my problems due to bad breaks.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
D1	There is no sense in planning a lot. If something is going to happen, it will.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	and the second s
D2	The really good things that happen to me are mostly luck.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
D3	I am responsible for my own successes.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
D4	I can do just about anything I really set my mind to.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	neere landes de cocaman annere de servas annere de la cocama
D5	Most of my problems are due to bad breaks.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
D6	I have little control over the bad things that happen to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
D7	My misfortunes are a result of the mistakes I have made.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
D8	I am responsible for my failures.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	

The next questions ask about marital attitudes and behaviors. Answer all questions as honestly as possible. Answer all questions with your partner in mind unless directed otherwise. Please answer the questions without talking to your partner. Your partner should not see or help with the answers. Circle the number from 1 to 7 that best describes your thoughts and feelings about each statement.

	ATTITUDES AND BEHAVIORS	CIRCLE RESPONSE		
Exa stro	mple: Our marriage is ng.	Strongly 1234567 Disagree	Strongly Agree	
E1	We have a good marriage.	Strongly 13567 S Disagree	trongly Agree	
E2	My relationship with my partner is very stable.	Strongly 13567 Si Disagree	trongly Agree	
E3	Our marriage is strong.	Strongly 1 3 5 S Disagree	trongly Agree	
E4	My relationship with my partner makes me happy.	Strongly 1 3 5 5 S Disagree	trongly Agree	
E5	I really feel like part of a team with my partner.	Strongly 13567 S Disagree	trongly Agree	
	n the scale below, circle the number rthing considered, in your marriage.	rom 1-10 that best describes the degree of happine	ss,	
1-	34	599	10	
Ve	ery unhappy	Happy Perfectly h	арру	



In the space below, please answer the following questions.

	í
F1. Since your husband's diagnosis of prostate cancer, what has your husband said or done that you experienced as most annoying or that upset you, made you angry, or just somehow rubbed you the wrong way?	

	addamentalconnentamentamentopologic
F2. Since your husband's diagnosis of prostate cancer, what have you wished that your husband ha done or said to help you cope with his cancer that he did not do?	d
	- Andrewski se

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The statements below are possible reactions that you may have had towards your husband since his diagnosis of prostate cancer. Please tell us how often you have responded this way **since his diagnosis**.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE				
	EXAMPLE: Since your husband's diagnosis, you seemed not to enjoy being around him.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G1	Since your husband's diagnosis, you've acted impatient with him.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G2	Since your husband's diagnosis, you've seemed angry or upset with him when he needed assistance.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G3	Since your husband's diagnosis, you've complimented the way he was coping with his illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G4	Since your husband's diagnosis, you've seemed not to enjoy being around him.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G5	Since your husband's diagnosis, you've made him wait a long time for help when he needed it.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G6	Since your husband's diagnosis, you've made it comfortable for him to share with you how he was feeling.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G7	Since your husband's diagnosis, you've avoided being around him when he was not feeling well.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	

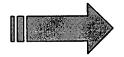
	THOUGHTS AND FEELINGS	CIRCLE RESPONSE				
G8	Since your husband's diagnosis, you've given him the idea you really did not want to talk about a problem he was having.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G 9	Since your husband's diagnosis, you've shouted or yelled at him.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G10	Since your husband's diagnosis, you've made it a point to spend time with him when you thought he was feeling low.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G11	Since your husband's diagnosis, you haven't seemed to respect his feelings.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G12	Since your husband's diagnosis, you've complained about his illness or about helping him with a task he found difficult to do by himself.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G13	Since your husband's diagnosis, you've acted uncomfortable talking to him about his illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G14	Since your husband's diagnosis, you've criticized the way he was coping with his disease and/or its treatment.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G15	Since your husband's diagnosis, you've been affectionate with him when you thought he needed support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G16	Since your husband's diagnosis, you've acted less accepting of him.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	
G17	Since your husband's diagnosis, you haven't been emotionally supportive of him when he expected some support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way	

The next set of questions concern your relationship with your husband <u>since</u> <u>his diagnosis of prostate cancer</u>. Please circle the response that best describes your thoughts and feelings about each statement.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE				
24.7555,4000000000000000	mple: My husband does not w me as competent.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H1	Since my husband's diagnosis, I have been able to depend on him to help me if I really need it.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H2	Since my husband's diagnosis, I have not been able to turn to him for guidance in times of stress.	Strongly Disagree	Disagree	Agree	Strongly Agree	
Н3	Since my husband's diagnosis, he has enjoyed the same social activities I do.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H4	Since my husband's diagnosis, I have felt personally responsible for his well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H5	Since my husband's diagnosis, I have not thought that he respected my skills and abilities.	Strongly Disagree	Disagree	Agree	Strongly Agree	
Н6	Since my husband's diagnosis, if something went wrong he would not come to my assistance.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H7	Since my husband's diagnosis, I have had a close relationship with him that provides me with a sense of emotional security and well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree	
Н8	Since my husband's diagnosis, he has recognized my competence and skill.	Strongly Disagree	Disagree	Agree	Strongly Agree	
Н9	Since my husband's diagnosis, he has not shared my interests and concerns.	Strongly Disagree	Disagree	Agree	Strongly Agree	

	THOUGHTS AND FEELINGS		CIRCLE	RESPON	ISE
H10	Since my husband's diagnosis, he has not really relied on me for his well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree
H11	Since my husband's diagnosis, he has been a trustworthy person I could turn to for advice if I were having problems.	Strongly Disagree	Disagree	Agree	Strongly Agree
H12	Since my husband's diagnosis, I have lacked a feeling of intimacy with him.	Strongly Disagree	Disagree	Agree	Strongly Agree

Please continue to the next page of the questionnaire.



The following questions are about activities you might do during a typical day.

<u>Does your health now limit you in these activities?</u> If so, how much? Please circle your response.

ACTIVITIES	CIRCLE RESPONSE					
EXAMPLE: Lifting or carrying groceries	Yes, limited a lot	Yes, limited a	No, not limited at all			
I1. Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I3. Lifting or carrying groceries	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I4. Climbing several flights of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I5. Climbing one flight of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I6. Bending, kneeling, or stooping	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I7. Walking more than a mile	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I8. Walking several blocks	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I9. Walking one block	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I10. Bathing or dressing yourself	Yes, limited a lot	Yes, limited a little	No, not limited at all			

During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities <u>as a result of your **PHYSICAL**</u> **HEALTH**? Please circle YES or NO for each question.

PROBLEMS AS A RESULT OF PHYSICAL HEALTH	CIRCLE RESPONSE			
EXAMPLE: Accomplished less than you would like	Yes	No		
I11. Cut down on the amount of time you spent on work or other activities	Yes	No		
I12. Accomplished less than you would like	Yes	No		
I13. Were limited in the kind of work or other activities	Yes	No		
I14. Had difficulty performing the work or other activities (for example, it took extra effort)	Yes	No		

During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other daily activities <u>as a result of any **EMOTIONAL PROBLEMS**</u>, such as feeling depressed or anxious? Please circle YES or NO for each question.

EMOTIONAL PROBLEMS	CIRCI	E RESPONSE	
I15. Cut down on the amount of time you spent on work or other activities	Yes	No	
I16. Accomplished less than you would like	Yes	No	
I17. Didn't do work or other activities as carefully as usual	Yes	No	

These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please circle the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

	FEELINGS		CIRCLE RESPONSE							
	AMPLE: Have you felt calm and peaceful?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I18.	Did you feel full of pep?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I19.	Have you been a very nervous person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I20.	Have you felt so down in the dumps that nothing could cheer you up?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I21.	Have you felt calm and peaceful?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
122	Did you have a lot of energy?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I23.	Have you felt downhearted and blue?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I24.	Did you feel worn out?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I25.	Have you been a happy person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			
I26.	Did you feel tired?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time			

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interfere	he past 4 weeks , how m d with your social activition ircle your response.	uch of the time has you es (like visiting with frier	r physical health or emonds, relatives, etc.)?	otional problems
	2Most of the time	3 Some of the time	A little of the time	5 None of the time
interfere	he past 4 weeks , to wha ed with your normal socia circle your response.	it extent has your physic al activities with family, f	cal health or emotional priends, neighbors, or gr	problems oups?
1	22	3	4	5
Not at all	Slightly	Moderately	Quite a bit	Extremely
1	ch bodily pain have you 2 Very mild	34	5	6
outside t	he past 4 weeks , how m the home and housework	k)? Please circle your re	esponse.	
1 Not at all	2 Slightly	3 Moderately	Quite a bit	Extremely

Please choose the answer that best describes how true or false each of the following statements is for you. **Circle one item on each line.**

STATEMENT						CIRCLE RESPONSE				
EXAMPLE: I expect my health to get worse.		Definitely Mostly true.		No	ot sure.	Mostly false.		Definitely false.		
I31. I seem to get sick a little easier than other people.		Definitely true.		Mostly true.	N	lot sure.	Mostly fa	alse.	Definitely false.	
I32. I am as healthy a anyone I know.	as	Defini true	•	Mostly true.	N	lot sure.	Mostly false.		Definitely false.	
I33. I expect my heal worse.	th to get	Defini true	-	Mostly true.	N	lot sure.	Mostly fa	alse.	Definitely false.	
I34. My health is exc	ellent.	Definitely Mostly Not sure. Mostly true.		Mostly fa	alse.	Definitely false.				
I35. In general, would Please circle you	-		Ith is:							
Excellent	Very (Good		Good	Fair Poor			Poor		
I36. Compared to one year ago, how would you rate your health in general now? Please circle your response.										
Much better now than one year ago. Much better now somewhat better now than one year ago.		Abo	ut the same.			1	uch worse now han one year ago.			

cancer diagnosis. K1. When did you first hear of the Prostate Specific Antigen (PSA) test or prostate blood test? 1. ___ I have never heard of the PSA test. 2. ___ I heard about it from the media (T.V., radio, newspaper, magazine). 3. ___ I heard about it from my husband. 4. ___ I heard about it from my friends or relatives. 5. ___ I heard about it from my primary care physician. 6. ___ I heard about it from my husband's `urologist. 7. I heard about it today while in the clinic. K2. How much do you know about how the PSA test is used to detect prostate cancer? Please circle your response. A lot A moderate A great A little None deal amount K3. Has a doctor ever talked to you about your husband's PSA level? Please mark your response. 1. ___ No (go to question K5). 2. Yes (go to question K4). 3. Don't know (go to question K5). K4. How satisfied were you with the discussion that you had with your husband's doctor about his PSA level? Please circle your response. Slightly Moderately Quite a lot Completely satisfied satisfied satisfied satisfied Not at all Satisfied K5. Do you know your husband's last PSA value? 1. ____ YES If Yes, please write it here: ____ PSA value (ng/ml) If No, please mark one of the following options: 2. NO 2a. I don't remember his last PSA value. 2b. _____ I have never been told my husband's PSA value.

Please answer the following questions related to your husband's prostate

K6. Do you know what different PSA levels mean? Please mark your response.									
1 No 2 Ye 3 Ur	es Isure		,						
K7. How co	oncerned wer ed or high? P	e you when you lease circle you	ur doctor first tol ir response.	d your husban	d that his P	SA level was			
4			3	4		5			
Not at all	l co	Slightly	Moderately concerned	Quite		Extremely			
K8. Has a his tre 1 No 2 Ye 3 Do	atment of pro	ilked to you abo state cancer? F	out how your hust Please mark your	oand's PSA lever	el will be use	ed to follow			
after his tre	eatment? Plea	ase circle your r							
1	2	3	4	5	6	7			
No	Very unlikely	Unlikely	Moderate chance	Likely	Very	Certain to happen			
Did anyo	one assist you	with the comp	letion of this ques	stionnaire?					
A. 1									
No Yes	If yes	, who?							

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Thank you for taking the time to fill out this questionnaire. Your answers are very important to us. They will help researchers learn more about the quality of life of prostate cancer patients and their families.

We appreciate the care you have shown in completing this survey! We will be mailing you the second questionnaire one month after your spouse begins his treatment for prostate cancer.

Appendix C One Month Questionnaire

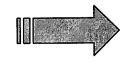
WELCOME!

This is the beginning of the questionnaire. We would like to thank you, in advance, for the time and thought you invest in filling it out. Please complete and return this survey in the postage-paid envelope.

INSTRUCTIONS: In the following pages, you will be asked several questions about your health, well-being, quality of life, perceptions of support that you give and receive from your spouse, and views of your illness. Please try to answer each question. While you complete the questionnaire, please do not talk about the questions or answers with anyone. All your responses will be kept strictly confidential, and will not be seen by your spouse. Should you have any questions, please call Jill Smith at (919) 956-5644. In advance, thank you for your time and efforts.

We will begin by asking you some questions about your background.

	GENERAL BACKGROUND	INFORMATIC	N - PLEASE P	RINT.
A1.	Today's date://	/ Year		
A2.	Name:			
A3.	Home Address:	Street		Apt. #
	City	State	Zip Code	
A4.	Home Phone Number: ()			



PT/SF1

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The following statements are about your thoughts and feelings **since beginning your treatment for and/or management of prostate cancer.** Please circle the statement that best describes your thoughts and feelings. Please respond to every statement.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE							
EXAMPLE: The purpose of each treatment is clear to me.		Strongly Disagree	Disagree	Undecided (Agree	Strongly Agree			
C1	I do not know what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C2	I have a lot of questions without answers.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
С3	I am unsure if my illness is getting better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C4	It is unclear how bad my incontinence will be.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C5	The explanations they give about my condition seem hazy to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C6	The purpose of each treatment is clear to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C7	When I have impotence, I know what this means about my condition.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C8	I do not know when to expect things will be done to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C9	My symptoms/side effects continue to change unpredictably.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C10	I understand everything explained to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			
C11	The doctors say things to me that could have many meanings.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree			

The following statements are about your thoughts and feelings since beginning your treatment for and/or management of prostate cancer.

	THOUGHTS AND FEELINGS		CIR	CLE RESPO	NSE	-
C12	I can predict how long my illness will last.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C13	My treatment is too complex to figure out.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C14	It is difficult to know if the treatments or medications I am getting are helping.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C15	There are so many different types of staff, it is unclear who is responsible for what.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C16	Because of the unpredictability of my illness, I cannot plan for the future.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C17	The course of my illness keeps changing. I have good days and bad days.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C18	It is vague to me how I will manage my care now that I've left the hospital.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C19	I have been given many differing opinions about what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C20	It is not clear what is going to happen to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C21	I usually know if I am going to have a good or bad day.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C22	The results of my tests are inconsistent.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C23	The effectiveness of my treatment is undetermined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

The following statements are about your thoughts and feelings since beginning your treatment for and/or management of prostate cancer.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THOUGHTS AND FEELINGS	CIRCLE RESPONSE						
C24	It is difficult to determine how long it will be before I can care for myself.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C25	I can generally predict the course of my illness.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C26	Because of the treatment's side effects, what I can do and cannot do keeps changing.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C27	I am certain they will not find anything else wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C28	The treatment I am receiving has a known probability of success.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C29	They have not given me a specific diagnosis.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C30	My incontinence and impotence are predictable; I know when they are going to get better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C31	I can depend on the clinic staff to be there when I need them.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C32	The seriousness of my illness has been determined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C33	The doctors and nurses use everyday language so I can understand what they are saying.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		

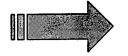
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The following statements are about your sense of control over your life <u>during</u> the past month. Please circle the response that best describes how you have thought and felt during the past four weeks.

	SENSE OF CONTROL	CIRCLE RESPONSE						
EXAMPLE: During the past month, most of my problems were due to bad breaks.		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D1	During the past month, there was no sense in planning a lot. If something is going to happen, it will.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D2	During the past month, the really good things that happened to me were mostly luck.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D3	During the past month, I was responsible for my own successes.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D4	During the past month, I could do just about anything I really set my mind to.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D5	During the past month, most of my problems were due to bad breaks.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D6	During the past month, I had little control over the bad things that happened to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D7	During the past month, my misfortunes were a result of the mistakes I made.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D8	During the past month, I was responsible for my failures.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		

The next questions ask about marital attitudes and behaviors <u>during the past</u> <u>month.</u> Answer all questions as honestly as possible. Answer all questions with your partner in mind unless directed otherwise. **Please answer the questions** without talking to your partner. Your partner should not see or help with the answers. Circle the number from 1 to 7 that best reflects your thoughts and feelings about each statement.

ATTITUDES AND BEHAVIORS Example: During the past month, our marriage has been strong.		CIRCLE RESPONSE						
		Strongly Disagree	12	3	4(5-) 6	7 Strongly Agree	
E1	During the past month, we have had a good marriage.	Strongly Disagree	12	3	-45·	6	7 Strongly Agree	
E2	During the past month, my relationship with my partner has been very stable.	Strongly Disagree	12	3	-45·	6	-7 Strongly Agree	
E3	During the past month, our marriage has been strong.	Strongly Disagree	12	3	-45	6	7 Strongly Agree	
<u>E4</u>	During the past month, my relationship with my partner has made me happy.	Strongly Disagree	12	3	-45	6	7 Strongly Agree	
E5	During the past month, I have really felt like part of a team with my partner.	Strongly Disagree	12	3	-45	6	7 Strongly Agree	
ever	On the scale below, circle the number ything considered, in your marriage desents your response.	from 1-10 uring the pa	that best o	lescribe Please	s the deg circle the	ree of hap number th	piness, nat best	
	14	5	6	7-		39-	10	
,	Very unhappy		Нарру			Perfe	Perfectly happy	



In the space below, please answer the following questions.

F1. During the past month, what has your wife said or done that you experienced as most annoy	
	ying or
That upset you, made you angry, or just somehow rubbed you the wrong way?	
That upset you, made you angry, or just somehow rubbed you the wrong way:	
F2. During the past month, what have you wished that your wife had done or said to help you co	ope
with recovering from cancer that she did not do?	
with recovering from cancer that she did not do.	
	and a second
	1

The statements below are possible reactions that you may have had towards your wife. Please tell us how often you have responded this way **during the past month**.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
2.004 (1.004)	EXAMPLE: During the past month, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G1	During the past month, you've acted impatient with her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G2	During the past month, you've seemed angry or upset with her when she needed assistance.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G3	During the past month, you've complimented the way she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G4	During the past month, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G5	During the past month, you've made her wait a long time for help when she needed it.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G6	During the past month, you've made it comfortable for her to share with you how she was feeling.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G7	During the past month, you've avoided being around her when she was not feeling well.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G8	During the past month, you've given her the idea you really did not want to talk about a problem she was having.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		

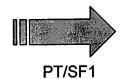
	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
G9	During the past month, you've shouted or yelled at her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G10	During the past month, you've made it a point to spend time with her when you thought she was feeling low.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G11	During the past month, you've not seemed to respect her feelings.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G12	During the past month, you've complained about any medical problems she might have, or about helping her with a task she found difficult to do by herself.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G13	During the past month, you've acted uncomfortable talking to her about how she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G14	During the past month, you've criticized the way she was coping with your disease and/or its treatment.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G15	During the past month, you've been affectionate with her when you thought she needed support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G16	During the past month, you've acted less accepting of her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G17	During the past month, you've not been emotionally supportive of her when she expected some support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		

The following questions concern your relationship with your wife <u>during the</u> <u>past month</u>. Please circle the response that best describes your thoughts and feelings about each statement.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
moi turr	AMPLE: During the past of the high street of the hi	Strongly Disagree	Disagree.	Agree	Strongly		
Н1	During the past month, I have been able to depend on my wife to help me if I really need it.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H2	During the past month, I have not been able to turn to my wife for guidance in times of stress.	Strongly Disagree	Disagree	Agree	Strongly Agree		
Н3	During the past month, my wife has enjoyed the same social activities I do.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H4	During the past month, I have felt personally responsible for my wife's well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H5	During the past month, I have not thought that my wife respected my skills and abilities.	Strongly Disagree	Disagree	Agree	Strongly Agree		
Н6	During the past month, if something went wrong my wife would not come to my assistance.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H7	During the past month, I have had a close relationship with my wife that provides me with a sense of emotional security and well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H8	During the past month, my wife has recognized my competence and skill.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H9	During the past month, my wife has not shared my interests and concerns.	Strongly Disagree	Disagree	Agree	Strongly Agree		

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE				
H10	During the past month, my wife has not really relied on me for her well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H11	During the past month, my wife has been a trustworthy person I could turn to for advice if I were having problems.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H12	During the past month, I have lacked a feeling of intimacy with my wife.	Strongly Disagree	Disagree	Agree	Strongly Agree	

Please continue to the next page of the questionnaire.



The following questions are about activities you might do during a typical day.

<u>Does your health now limit you in these activities?</u> If so, how much? Please circle your response.

ACTIVITIES	CIRCLE RESPONSE					
EXAMPLE: Lifting or carrying groceries	Yes, limited a lot	Yes, limited a little (No, not limited at all			
I1. Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I3. Lifting or carrying groceries	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I4. Climbing several flights of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I5. Climbing one flight of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I6. Bending, kneeling, or stooping	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I7. Walking more than a mile	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I8. Walking several blocks	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I9. Walking one block	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I10. Bathing or dressing yourself	Yes, limited a lot	Yes, limited a little	No, not limited at all			

During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities <u>as a result of your **PHYSICAL**</u> **HEALTH**? Please circle YES or NO for each question.

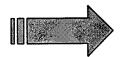
PROBLEMS AS A RESULT OF PHYSICAL HEALTH	CIRCLE R	ESPONSE
EXAMPLE: Accomplished less than you would like	Yes	No.
I11. Cut down on the amount of time you spent on work or other activities	Yes	No
I12. Accomplished less than you would like	Yes	No
I13. Were limited in the kind of work or other activities	Yes	No
I14. Had difficulty performing the work or other activities (for example, it took extra effort)	Yes	No
I15. Cut down on the amount of time you spent on work or other activities	Yes	No
I16. Accomplished less than you would like	Yes	No
I17. Didn't do work or other activities as carefully as usual	Yes	No
		·

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These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please circle the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

	FEELINGS		CIRCLE RESPONSE						
277-1207-120-120-120-120-120-120-120-120-120-120	AMPLE: Have you felt calm and peaceful?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I18.	Did you feel full of pep?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I19.	Have you been a very nervous person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I20.	Have you felt so down in the dumps that nothing could cheer you up?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I21.	Have you felt calm and peaceful?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I22.	Did you have a lot of energy?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I23.	Have you felt downhearted and blue?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I24.	Did you feel worn out?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I25.	Have you been a happy person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I26.	Did you feel tired?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		

^I 27.	interfered	e past 4 weeks , how mo with your social activitien rcle your response.	uch of the time has (like visiting wit	as your phy th friends, re	sical health or emo	otional problems
	1	2	3			5
ΔII	of	Most of	Some of		A little of	None of
	time	the time	the time			the time
^I 28.	interfere	e past 4 weeks , to what d with your normal socia rcle your response.	t extent has your I activities with fa	physical he mily, friends	alth or emotional p s, neighbors, or gro	oroblems oups?
		2	2		1	5
Not	at all	2 Slightly	Moderately	,	Quite a bit	Extremely
I _{29.}	How muc	ch bodily pain have you	had during the p a	ast 4 week	s? Please circle yo	our response.
		2	2	1	5	6
No	ne	2 Very mild	Mild	Moderate	Severe	Very severe
I _{30.}	During th	e past 4 weeks , how me side the home and house	uch did pain inter ework)? Please c	fere with yo	our normal work (ir esponse.	ncluding both
	4	•	•		4	- 5
Not	at all	2 Slightly	Moderately	/	Quite a bit	Extremely



Please choose the answer that best describes how true or false each of the following statements is for you. **Circle one item on each line.**

STATEMENT						CIRCLE RESPONSE			
EXAMPLE: I expect my health to get worse. Definitely hostly true. true.					No	ot sure.	Mostl		Definitely false.
I31. I seem to get sick a little easier than other people.		Defini true	- ;	Mostly true.	N	ot sure.	Mostly fa	alse.	Definitely false.
I32. I am as healthy as anyone I know.		Defini true	-	Mostly true.	N	ot sure.	Mostly fa	alse.	Definitely false.
I33. I expect my health to get worse.		Defini true	•	Mostly true.	N	ot sure.	Mostly false.		Definitely false.
I34. My health is exc	ellent.	Defini true	-	Mostly true.	N	ot sure.	Mostly false.		Definitely false.
I35. In general, would Please circle you			lth is:						;
Excellent	Very (Good		Good		F	air		Poor
I36. Compared to one year ago, how would you rate your health in general now? Please circle your response.									
Much better now than one year ago. Somewhat better now than one year ago.				ut the same.		now th	nat worse an one ago.	1	uch worse now n one year ago.

URINARY FUNCTION: This section is about your urinary habits. Please consider **ONLY THE LAST 4 WEEKS**.

J1. Over the past 4 weeks, how often have you leaked urine? Please circle your response.									
Every day	Abou	About once a week.			Less than once a week.			Not at all.	
J2. Which of the follow your response.	ving best	describes	your urin	nary cont	rol during the	e last	4 weeks? F	Please circle	
No control whatsoever.				Occa	Occasional dribbling. Total control.				
	J3. How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks? Please circle your response.								
3 or more pads pe	r day.		1-2 pad	s per day. No pads.			ads.		
How big a problem, if	any, has	each of the	e followir	ng been f	or you? Pleas	se circ	le your resp	oonse.	
J4. Dripping urine or wetting your pants	1	problem	•	small blem	Small problem	1	loderate problem	Big problem	
J5. Urine leakage interfering with your sexual activity.	No	No problem Very small problem			Small problem		loderate problem	Big problem	
	J6. Overall, how big a problem has your urinary function been for you during the last 4 weeks? Please circle your response.								
1	2					4		5	
No problem	problem Very Sr Small problem pr					oderate Big			

BOWEL HABITS: This section is about your bowel habits and abdominal pain. Please consider **ONLY THE LAST 4 WEEKS**.

J7. How often I Last 4 wee	J7. How often have you had rectal urgency (felt like you had to pass stool, but did not) during the Last 4 weeks? Please circle your response.								
1	2	3-		4	5				
More than	About once	More th	an once	About once	Rarely				
	a day		eek	a week	or never				
J8. How often have you had stools (bowel movements) that were loose or liquid (no form, watery, mushy) during the last 4 weeks? Please circle your response.									
1	22	3-		4	5				
Never	Rarely	About the tir	half ne	4 Usually	Always				
Please circ	le your response	-2							
	have you had c cle your respons		ır abdomen or p	elvis during the las	st 4 weeks?				
1	2	3	4	5	6				
				About once this month					
	J11. Overall, how big a problem has your bowel habits been for you during the last 4 weeks? Please circle your response.								
1	2	3	,,,*220 <i>23,</i> 22202072450	4	5				
Big	Moderate	Sma	II	Very small	No				
problem	problem	proble	em	problem	problem				

SEXUAL FUNCTION: The next section is about your sexual function and sexual satisfaction. Many of the questions are very personal, but they will help us understand the important issues that you face every day. Remember, YOUR NAME DOES NOT APPEAR ANYWHERE ON THIS SURVEY. Please answer honestly about **THE LAST 4 WEEKS ONLY**.

How has each of the following been for you? Please circle your response.								
J12. Your level of sexual desire	12. Your level of Very poor sexual desire?		Poo	Poor Fail		Goo	od	Very good
J13. Your ability to have an erect		Very poor	Poo	or	Fair Good		od	Very good
J14. Your ability to reach orgasm (climax)?		Very poor	Poo	or	Fair	Good		Very good
J15. How would yo	ou describe	e the usual	QUALITY o	of your erec	tions? Plea	se circle	your	response.
None at all.	Not	firm enoug sexual act		mastu	enough for rbation and play only.	\$		rm enough for intercourse.
J16. How would yo	ou describ	e the FREC	QUENCY of	your erecti	ons? Pleas	e circle y	our r	esponse.
I NEVER had an erection when I wanted one.	erection when I LESS THAN HALF ABOUT HALF the MORE THAN HALF WHENEVER I							
J17. How often have you awakened in the morning or night with an erection? Please circle your response.								
110101 1000 0						Very often (more n 75% of the time)		

J18. During the last 4 weeks, did you have vaginal or anal intercourse? Please circle your response.								
No		Yes, once	Yes	Yes, more than once				
J19. Overall, how circle your r		your ability to function se	exually during the last	4 weeks? Please				
4	2	2	Δ	5				
Very poor	Poor	3 Fair	Good	Very good				
Please circl	e your response							
1	2	3	4	5				
No	Very	Small	Moderate	Big				
problem	small problem	n problem	problem	problem				
circle your r 1 Extremely	2	3 Uncertain	4 Satisfied	Extremely				
dissatisfied				satisfied				
1 No I	f no please go to	ce your treatment for proquestion K1. to question J22b.	estate cancer?					
	o your erections esponse.	require assistance? Plea	ase mark your					
1 2	 1 No If no, please go to question K1. 2 Yes If yes, please indicate which method you use. 							
	2 Yes If yes, please indicate which method you use. Viagra Vasomax Penile Injections Urethral Suppositories (MUSE) Vacuum Device Constriction Ring Other Please specify:							

Please answer the following questions related to your prostate cancer diagnosis.

K1. How much do you know about how the PSA test is used to detect prostate cancer? Please circle your response.									
1	22	3	4	5 None					
A little	A moderate	A lot amount	A great	deal					
K2. Did a doctor ever talk to you about your PSA level after surgery? Please mark your response.									
1 Yes (G	io to K3a)								
level aft	isfied were you with the er surgery? Please circ	cle your response; the	en go to question K4.	·					
Not at all	Slightly	Moderately	Quite a lot	Completely					
satisfied	satisfied	satisfied	satisfied	satisfied					
2 No (Go K3b. Do you your PS 3 Don't k	wish you'd had the opp A level after surgery?	oortunity to talk to you YES	ır doctor about _ NO						
K4. Do you kr	now your last PSA valu	e?							
1 YES	If Yes, please write it	here: F	PSA value (ng/ml)						
2 NO	If No, please mark or	ne of the following op	tions:						
	2aI don't re	emember my last PSA	value.						
	2b I have no	ever been told my PS	A value.						

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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
K5. Do you know what different PSA levels mean? Please mark your response.									
1 No									
2. Yes	2 Yes 3 Unsure								
3 Uns	ure								
				-					
K6. Has a de treatme	K6. Has a doctor ever talked to you about how your PSA level will be used to follow your treatment of prostate cancer? Please mark your response.								
1 No									
2. Yes	;								
1 No 2 Yes 3 Dor	i't know								
K7 What do	you think	is the chance tha	nt you will have a re	ecurrence	of prostate canc	er after			
your tre	eatment? Pl	lease circle your	response.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1	2	3	4	5	6	7			
No	Very	Unlikely	Moderate	Likely	Very	Certain			
chance	unlikely		chance		likely	to happen			
K8. How worried are you that you will have a recurrence of prostate cancer? Please circle your response.									
1		2	3		4	5			
Not at all	(Slightly	Moderately	`	Very	Extremely			
worried		vorried	worried		worried	worried			

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Please tell us how strongly you agree or disagree with each statement below by circling the response that best describes your feelings.

2007/11/2008/2008	MPLE: I feel that my efforts noticed and rewarded.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L1	I feel that I get what I am entitled to in life.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L2	I feel that my efforts are noticed and rewarded.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L3	I feel that people treat me fairly.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L4	I feel that I earn the rewards and punishments I get.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L5	I feel that when I meet with misfortune, I have brought it upon myself.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L6	I feel that I get what I deserve in life.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L7	I feel that people treat me with the respect that I deserve.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L8	I feel the world treats me fairly.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L9	I basically believe the world is a fair place.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree

Below are questions about various aspects of our lives. Each question has seven possible answers. Please circle the number that best describes how you feel.

EXAMPLE: Until 1 No clear goals or purpose at all	2 			_5	67 Very clear goals and purpose	
M1. Do you have fe your response.		ou don't rea	lly care what	goes on arou	ind you? Please circle	
1 Very seldom or never	2	3	4	5	67 Very often	
M2. Has it happene thought you kr					ior of people whom you	
1 Never happened	2	3	4	5	67 Always happened	
M3. Has it happene response.	ed that people	whom you	counted on	disappointed <u>y</u>	you? Please circle your	
1 Never happened	2	3	4	5	7 Always happened	
M4. Until now, your	life has had:					
1 No clear goals or purpose at all	2	3	4	5	6Very clear goals and purpose	

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M5. Do you have	the feeling tha	t you're being	g treated unfa	irly? Please	circle your resp	onse.
4	2	3	4	5	6	-7
Very often			•	.	very s	eldom ever
M6. Do you have Please circle	the feeling tha your response	t you are in a	ın unfamiliar s	situation and	don't know wha	t to do?
1	2	3	4	5	6	-7
Very often	-	Č	•	-	Very s	eldom ever
M7. Doing the thin	ngs you do eve	ery day is:				
1	2	3	4	5	6	-7
A source of deep pleasure and satisfaction	-	_	•		A soul	rce of pain boredom
M8. Do you have	•					
1	2	3	4	5	6	-7
Very often					Very s	eldom ever
M9. Does it happ your respon		ve feelings ir	nside that you	ı would ratheı	r not feel? Pleas	se circle
1	22	3	4	5	6	- 7
Very often	-	Ü	•	Ç	Very s	
M10. Many peopl (losers) in c circle your r	ertain situation	with a strong s. How often	g character— have you fel	sometimes fe t this way in t	eel like sad sack he past? Please	(S
1		3	4	5	6	 7
Never	_	•			Very o	often

M11. When somethi	ng happen	ed, have you	generally fou	ınd that:		
4	2	3	4	5	6	7
You overestimated	Z					ou saw things
Or underestimated						in the right
its importance						proportion
•						
M12. How often do y life? Please ci	rcle your re	esponse.				
	2	3	4	5		
Very often					Ve	ery seldom or never
						Of Hevel
M13. How often do y	ou have fe	elings that y	ou're not sure	you can kee	p under cor	itrol?
1	2	3	4	5	6	7
Very often					V	ery seldom
·						or never
Q1. Did anyone a	•	-	letion of this s	survey?		
No If	yes, who?					_
	•					

Thank you for taking the time to fill out this questionnaire. Your answers are very important to us. They will help researchers learn more about the quality of life of prostate cancer patients and their families.

We appreciate the care you have shown in completing this survey! We will be mailing you the third questionnaire six months from your treatment and/or management initiation date.

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Appendix D Six Month Questionnaire

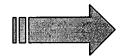
WELCOME!

This is the beginning of the questionnaire. We would like to thank you, in advance, for the time and thought you invest in filling it out. Please complete and return this survey in the postage-paid envelope within 1 week of receipt.

INSTRUCTIONS: In the following pages, you will be asked several questions about your health, well-being, quality of life, perceptions of support that you give and receive from your spouse, and views of your illness. Please try to answer each question. While you complete the questionnaire, please do not talk about the questions or answers with anyone. All your responses will be kept strictly confidential, and will not be seen by your spouse. Should you have any questions, please call Jill Smith at (919) 956-5644. In advance, thank you for your time and efforts.

We will begin by asking you some questions about your background.

	GENERAL BACKGROUND INFORMATION - PLEASE	PRINT.	;
A1.	Today's date:////		
A2.	Name:		;
A3.	Home Address:Street	Apt. #	
	City State Zip Code		
A4.	Home Phone Number: ()		:
	Alternate Phone Number: ()		



The following statements are about your thoughts and feelings **since beginning your treatment for and/or management of prostate cancer.** Please circle the statement that best describes your thoughts and feelings. Please respond to every statement.

	THOUGHTS AND FEELINGS		CI	RCLE RESPO	ONSE	
**************************************	MPLE: The purpose of each timent is clear to me.	Strongly Disagree	7	Undecided	Agree	Strongly Agree
C1	I do not know what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C2	I have a lot of questions without answers.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C3	I am unsure if my illness is getting better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C4	It is unclear how bad my incontinence will be.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C5	The explanations they give about my condition seem hazy to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C6	The purpose of each treatment is clear to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C7	When I have impotence, I know what this means about my condition.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C8	I do not know when to expect things will be done to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
С9	My symptoms/side effects continue to change unpredictably.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C10	I understand everything explained to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C11	The doctors say things to me that could have many meanings.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

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The following statements are about your thoughts and feelings since beginning your treatment for and/or management of prostate cancer.

	THOUGHTS AND FEELINGS		CII	RCLE RESPO	NSE	
C12	I can predict how long my illness will last.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C13	My treatment is too complex to figure out.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C14	It is difficult to know if the treatments or medications I am getting are helping.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C15	There are so many different types of staff, it is unclear who is responsible for what.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C16	Because of the unpredictability of my illness, I cannot plan for the future.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C17	The course of my illness keeps changing. I have good days and bad days.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C18	It is vague to me how I will manage my care now that I've left the hospital.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C19	I have been given many differing opinions about what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C20	It is not clear what is going to happen to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C21	I usually know if I am going to have a good or bad day.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C22	The results of my tests are inconsistent.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C23	The effectiveness of my treatment is undetermined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

The following statements are about your thoughts and feelings since beginning your treatment for and/or management of prostate cancer.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE						
C24	It is difficult to determine how long it will be before I can care for myself.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C25	I can generally predict the course of my illness.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C26	Because of the treatment's side effects, what I can do and cannot do keeps changing.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C27	I am certain they will not find anything else wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C28	The treatment I am receiving has a known probability of success.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C29	They have not given me a specific diagnosis.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C30	My incontinence and impotence are predictable; I know when they are going to get better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C31	I can depend on the clinic staff to be there when I need them.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C32	The seriousness of my illness has been determined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
C33	The doctors and nurses use everyday language so I can understand what they are saying.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		

The following statements are about your sense of control over your life <u>during</u> the past month. Please circle the response that best describes how you have thought and felt during the past four weeks.

	SENSE OF CONTROL	CIRCLE RESPONSE						
mor	EXAMPLE: During the past month, most of my problems were due to bad breaks.		Disagree) Undecided	Agree	Strongly Agree		
D1	During the past month, there was no sense in planning a lot. If something is going to happen, it will.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D2	During the past month, the really good things that happened to me were mostly luck.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D3	During the past month, I was responsible for my own successes.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D4	During the past month, I could do just about anything I really set my mind to.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D5	During the past month, most of my problems were due to bad breaks.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D6	During the past month, I had little control over the bad things that happened to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D7	During the past month, my misfortunes were a result of the mistakes I made.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D8	During the past month, I was responsible for my failures.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		

The next questions ask about marital attitudes and behaviors <u>during the past</u> <u>month.</u> Answer all questions as honestly as possible. Answer all questions with your partner in mind unless directed otherwise. **Please answer the questions without talking to your partner.** Your partner should not see or help with the answers. Circle the number from 1 to 7 that best reflects your thoughts and feelings about each statement.

	ATTITUDES AND BEHAVIORS	CIRCLE RESPONSE								
	mple: During the past oth, our marriage has been ong.	Strongly Disagree	1	2	-3	4)6-	7	Strongly Agree
E1	During the past month, we have had a good marriage.	Strongly Disagree	1	2	3	4	5-	6	7	Strongly Agree
E2	During the past month, my relationship with my partner has been very stable.	Strongly Disagree	1	2	3	4	5-	6-	7	Strongly Agree
E3	During the past month, our marriage has been strong.	Strongly Disagree	1	2	3	4	5-	6-	7	Strongly Agree
E4	During the past month, my relationship with my partner has made me happy.	Strongly Disagree	1	2	3	4	5-	6-	7	Strongly Agree
E5	During the past month, I have really felt like part of a team with my partner.	Strongly Disagree	1	2	3	4	5-	6-	7	Strongly Agree
ever	On the scale below, circle the number ything considered, in your marriage <u>d</u> esents your response.	r from 1-10 turing the pa	that bast m	oest de onth.	escrib Pleas	es th	e degr	ree of h	nappi er tha	iness, at best
	134	5	(}	7	7 <u></u>	8-		9	10
,	Very unhappy	Нај	рру					Pe	erfect	ly happy

In the space below, please answer the following questions.

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The statements below are possible reactions that you may have had towards your wife. Please tell us how often you have responded this way <u>during the past month</u>.

	THOUGHTS AND FEELINGS		CIRCLE R	ESPONSE	
	EXAMPLE: During the past month, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G1	During the past month, you've acted impatient with her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G2	During the past month, you've seemed angry or upset with her when she needed assistance.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G3	During the past month, you've complimented the way she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G4	During the past month, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G5	During the past month, you've made her wait a long time for help when she needed it.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G6	During the past month, you've made it comfortable for her to share with you how she was feeling.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G7	During the past month, you've avoided being around her when she was not feeling well.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G8	During the past month, you've given her the idea you really did not want to talk about a problem she was having.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way

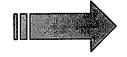
	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
G9	During the past month, you've shouted or yelled at her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G10	During the past month, you've made it a point to spend time with her when you thought she was feeling low.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G11	During the past month, you've not seemed to respect her feelings.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G12	During the past month, you've complained about any medical problems she might have, or about helping her with a task she found difficult to do by herself.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G13	During the past month, you've acted uncomfortable talking to her about how she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G14	During the past month, you've criticized the way she was coping with your disease and/or its treatment.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G15	During the past month, you've been affectionate with her when you thought she needed support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G16	During the past month, you've acted less accepting of her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		
G17	During the past month, you've not been emotionally supportive of her when she expected some support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way		

The following questions concern your relationship with your wife <u>during the</u> <u>past month.</u> Please circle the response that best describes your thoughts and feelings about each statement.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
hav	AMPLE: During the past month, I be not been able to turn to my wife guidance in times of stress.	Strongly Disagree	Disagree	Agree	Strongly		
H1	During the past month, I have been able to depend on my wife to help me if I really need it.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H2	During the past month, I have not been able to turn to my wife for guidance in times of stress.	Strongly Disagree	Disagree	Agree	Strongly Agree		
Н3	During the past month, my wife has enjoyed the same social activities I do.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H4	During the past month, I have felt personally responsible for my wife's well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H5	During the past month, I have not thought that my wife respected my skills and abilities.	Strongly Disagree	Disagree	Agree	Strongly Agree		
Н6	During the past month, if something went wrong my wife would not come to my assistance.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H7	During the past month, I have had a close relationship with my wife that provides me with a sense of emotional security and well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree		
Н8	During the past month, my wife has recognized my competence and skill.	Strongly Disagree	Disagree	Agree	Strongly Agree		
H9	During the past month, my wife has not shared my interests and concerns.	Strongly Disagree	Disagree	Agree	Strongly Agree		

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE			
H10	During the past month, my wife has not really relied on me for her well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree
H11	During the past month, my wife has been a trustworthy person I could turn to for advice if I were having problems.	Strongly Disagree	Disagree	Agree	Strongly Agree
H12	During the past month, I have lacked a feeling of intimacy with my wife.	Strongly Disagree	Disagree	Agree	Strongly Agree

Please continue to the next page of the questionnaire.



The following questions are about activities you might do during a typical day.

<u>Does your health now limit you in these activities?</u> If so, how much? Please circle your response.

ACTIVITIES	CIRCLE RESPONSE					
EXAMPLE: Lifting or carrying groceries	Yes, limited a lot	Yes, limited a (little	No, not limited at all			
I1. Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I3. Lifting or carrying groceries	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I4. Climbing several flights of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I5. Climbing one flight of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I6. Bending, kneeling, or stooping	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I7. Walking more than a mile	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I8. Walking several blocks	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I9. Walking one block	Yes, limited a lot	Yes, limited a little	No, not limited at all			
I10. Bathing or dressing yourself	Yes, limited a lot	Yes, limited a little	No, not limited at all			

During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities <u>as a result of your **PHYSICAL**</u> **HEALTH**? Please circle YES or NO for each question.

PROBLEMS AS A RESULT OF PHYSICAL HEALTH	CIRCLE RESPONSE			
EXAMPLE: Accomplished less than you would like	Yes	·No		
I11. Cut down on the amount of time you spent on work or other activities	Yes	No		
I12. Accomplished less than you would like	Yes	No		
I13. Were limited in the kind of work or other activities	Yes	No		
I14. Had difficulty performing the work or other activities (for example, it took extra effort)	Yes	No		

During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other daily activities as a result of any **EMOTIONAL PROBLEMS**, such as feeling depressed or anxious? Please circle YES or NO for each question.

EMOTIONAL PROBLEMS	CIRCLE RESPONSE		
I15. Cut down on the amount of time you spent on work or other activities	Yes	No	
I16. Accomplished less than you would like	Yes	No	
I17. Didn't do work or other activities as carefully as usual	Yes	No	

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These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please circle the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

	FEELINGS	CIRCLE RESPONSE						
EXAMPLE: Have you felt calm and peaceful?		All of the time	Most of the time	A good Some of the time time		A little of the time	None of the time	
I 18 .	Did you feel full of pep?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I 19 .	Have you been a very nervous person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I20.	Have you felt so down in the dumps that nothing could cheer you up?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I21.	Have you felt calm and peaceful?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I 22 .	Did you have a lot of energy?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I23.	Have you felt downhearted and blue?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I 24 .	Did you feel worn out?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I25.	Have you been a happy person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
I26.	Did you feel tired?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	

interfered	e past 4 weeks , how I with your social activ rcle your response.	much of the t ities (like visit	ime has your ph ing with friends,	ysical health or en relatives, etc.)?	notional problems
All of	2 Most of the time	So	-3 me of e time	A little of	None of the time
interfere Please ci	e past 4 weeks , to we d with your normal so rcle your response.	cial activities v	with family, frien	ds, neighbors, or g	roups?
1 Not at all	2 Slightly	3 Mode	 erately	4 Quite a bit	5 Extremely
^I 29. How muc	ch bodily pain have yo	ou had during	the past 4 wee	ks? Please circle	your response.
1	2	3		5	6
None	2Very mild	Mild	Moderate	Severe	Very severe
	e past 4 weeks , how side the home and hou				including both
1	2		3	4	5
Not at all	Slightly	Mode	erately	Quite a bit	Extremely



Please choose the answer that best describes how true or false each of the following statements is for you. **Circle one item on each line.**

STATEMENT						CIRCLE RESPONSE				
EXAMPLE: I exp health to get wo		Defini true	_	Mostly true.	N	ot sure.	Mosti		Definitely false.	
I31. I seem to get sick a little easier than other people.		Defini true	•	Mostly true.	THE CHANGES CONTRIBUTED TO THE C	Not sure.	Mostly fa	alse.	Definitely false.	
I32. I am as healthy as anyone I know.		Defini true	•	Mostly true.		Not sure.	Mostly false.		Definitely false.	
I33. I expect my health to get worse.		Defini true	•	Mostly true.	1	Not sure.	Mostly false.		Definitely false.	
I34. My health is excellent.		Defini true	•	Mostly true.		Not sure.	ot sure. Mostly fals		Definitely false.	
I35. In general, wou Please circle yo	-	-	alth is:							
Excellent	Very (Very Good Good		Good		Fair			Poor	
I36. Compared to o			would	i you rate yoા	ur h	ealth in ge	neral now	?		
Much better now than one year ago. Somewhat better now than one year ago.		Abo	out the same.		Somewhat worse now than one year ago.		Much worse now than one year ago.			

URINARY FUNCTION: This section is about your urinary habits. Please consider **ONLY THE LAST 4 WEEKS**.

J1. Over	the past 4 week	s, how ofter	n have you leake	ed urine	e? Please circl	e your respons	se.	
	Every day About once a week.			Less	than once a w	eek. N	lot at all.	
	ch of the following response.	best desci	ribes your urinar	y contro	ol during the	last 4 weeks?	Please circle	
No cont	ntrol whatsoever. Frequent dribbling.			Осс	asional dribbli	ng. To	tal control.	
	many pads or a			ı usuall	y use to contro	ol leakage dur i	ng the last 4	
3 (or more pads per	day.	1-2 pa	ds per	day.	No pads.		
How big	a problem, if any	, has each	of the following	been fo	or you? Please	e circle your res	sponse.	
	oing urine or ng your s.	No proble	m Very sn proble	1	Small problem	Moderate problem	Big problem	
inter	e leakage fering with sexual rity.	No proble	o problem Very sn problei		Small problem	Moderate problem	Big problem	
	rall, how big a pro		our urinary func	tion be	en for you dur	ing the last 4	weeks?	
1 No prob	lem V small	-2 ery problem	3 Small proble			erate olem	5 Big problem	

BOWEL HABITS: This section is about your bowel habits and abdominal pain. Please consider **ONLY THE LAST 4 WEEKS**.

	nave you had rec s? Please circle	tal urgency (felt like y your response.	you had to pas	s stool, but did n	ot) during the				
1	22	3		4	5				
More than	About once	More than o	nce At	out once	Rarely				
once a day	a day	a week	7.2	a week	or never				
once a day	aday	a wook							
J8. How often I mushy) dur	nave you had sto ing the last 4 we	ols (bowel movemen eks? Please circle yo	ts) that were lo our response.	oose or liquid (no	form, watery,				
1	2	3		4	5				
Never	Rarely	About half the time		Usually	Always				
Please circ	le your response	ur bowel movements							
•	Mo		Little		No				
Severe				distress					
distress	tress distress distress								
J10. How often have you had crampy pain in your abdomen or pelvis during the last 4 weeks? Please circle your response.									
4	0	3	4	5	6				
		Several A							
Several	About once	times a week	a week	this month	or never				
umes a day	a uay	unies a week	a week	uno monur	01 110 01				
J11. Overall, how big a problem has your bowel habits been for you during the last 4 weeks? Please circle your response.									
	4	_		4	E				
1	2	3		4	5 No				
1 Big	2 Moderate	33 Small		4 ery small	No				
1 Big problem	2 Moderate problem	3 Small problem		4 ery small oroblem	•				

SEXUAL FUNCTION: The next section is about your sexual function and sexual satisfaction. Many of the questions are very personal, but they will help us understand the important issues that you face every day. Remember, YOUR NAME DOES NOT APPEAR ANYWHERE ON THIS SURVEY. Please answer honestly about **THE LAST 4 WEEKS ONLY**.

How has ead	ch of the	following be	en for y	ou? Ple	ease circle	you	r response.			
J12. Your level of sexual desire?		kual '	Very poor		Poor		Fair	C	Good	Very good
J13. Your ability to have an erection?		ave an	Very poor		Poor		Fair	(Good	Very good
J14. Your abi orgasm		i	ery pod	or	Poor		Fair	(Good	Very good
J15. How wo	uld you	describe the	usual C	UALIT	Y of your e	recti	ions? Please	circle	your	response.
None at	all.	1				irm enough for intercourse.				
J16. How wo	uld you	describe the	FREQL	JENCY	of your er	ectio	ns? Please ci	rcle y	our re	esponse.
erection when I LESS THAN HALF ABOUT HALF the MORE THAN HALF WHENEVER					I had an erection WHENEVER I wanted one.					
J17. How ofte respons		you awaker	ed in the	e morni	ing or nigh	t with	n an erection?	Plea	ase cir	cle your
Never	1	m (less thar of the time)		often (l alf the	ess than time)		ten (more tha nalf the time).	n		often (more than % of the time)

J18. During the	e last 4 weeks, did yo	u have vaginal or anal inter	course? Please circle	your response.
N	o	Yes, once	Yes, mo	re than once
•	ow would you rate you cle your response.	our ability to function sexuall	y during the last 4 we	eks?
4	2	3		5
Very poor	Poor	3 Fair	Good	Very good
Please cir	cle your response.	s your sexual function been		
	2	3	4	5
No	Very	Small		
problem	small problem	problem	problem	problem
1	22	3 Uncertain	4 Satisfied	5 Extremely
dissatisfied	Dissausticu	Oncortain	Oddonod	satisfied
		your treatment for prostate	cancer?	
1 No 2 Yes	If no please go to q If yes, please go to	uestion K1. question J22b.		
	response.	equire assistance? Please m	nark your	
	1 No If no 2 Yes If ye	, please go to question K1. s, please indicate which me	thod you use.	
	Viaç	ıra		
		omax		
	Pen	ile Injections		
		thral Suppositories (MUSE)		
		uum Device	•	
		striction Ring		
	Oth	er Please specify:		

Please answer the following questions related to your prostate cancer and the PSA (Prostate Specific Antigen) test.

The PSA is a relatively new test, and there is much to learn about how its use affects patients. While answering the questions below, if you are unsure of any words or terms, please make your best guess.

K1.	Do you know why the PSA level is measured after surgery?	
	1 NO (if no, please go to K2)	
	2 YES (If yes, please answer K1a)	
	K1a. In the space below please explain briefly why you think the PSA is measured after surgery.	
K2.	Do you know what it means to have a detectable PSA level after surgery?	***************************************
	1 NO (if no, please go to K3) 2 YES (if yes, please answer K2a)	
	K2a. Please explain briefly what you think it means to have a detectable PSA level after surgery.	
K3.	Do you think having a detectable PSA level after surgery means that prostate cancer s still present?	***************************************
	1 NO	
	2 YES	
	3 Don't know	
K4.	How many PSA tests have you had since surgery? (Number of tests)	

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K5.	When wa	as yoı	ır last PSA test?		(1	Date)	
K6.	Do you k	now y	our last PSA valu	ue?			
	1	NO	(if no, please ma	rk one of the followin	g optio	ons and go to K7.)	
		A	I don't reme	ember my last PSA va	alue.		
		B	I have neve	er been told my PSA v	/alue.		
	2	YES	(if yes, please w	rite it here:	_ PS	A value (ng/ml) and	d go to K6a.)
		K6a	How reassured circle your response	were you by the resu onse	Its of y	our last PSA test?	Please
	1		2	3		4	5
Not reas	at all sured		Slightly reassured	Moderately reassured		Very reassured	Extremely reassured
K7.	Was the than zer		of your last PSA	test "not detectable'	" (son	netimes called "zero	" or "less
	1	NO	(if no, please go t	to K8)			
	2	Don't	know (please go	to K8)			
	3	I have	not had a PSA t	test since I had my su	ırgery	for prostate cancer.	(go to K8)
	4	YES	(if yes, please go	o to K7a.)			
		K7a.	How reassuring (sometimes calle response.	is it to you that your led "zero" or "less thar	last Pt n zero	SA value was "not o ')? Please circle yo	letectable" our
			•	•		4	E
	1 at all suring		Slightly reassuring	3 Moderately reassuring		Very reassuring	Extremely
K8.			ou'd had the oppo A test mean?	ortunity to talk more to	o your	doctor about what t	he results
	1 2 3	YES NO Don	't know				

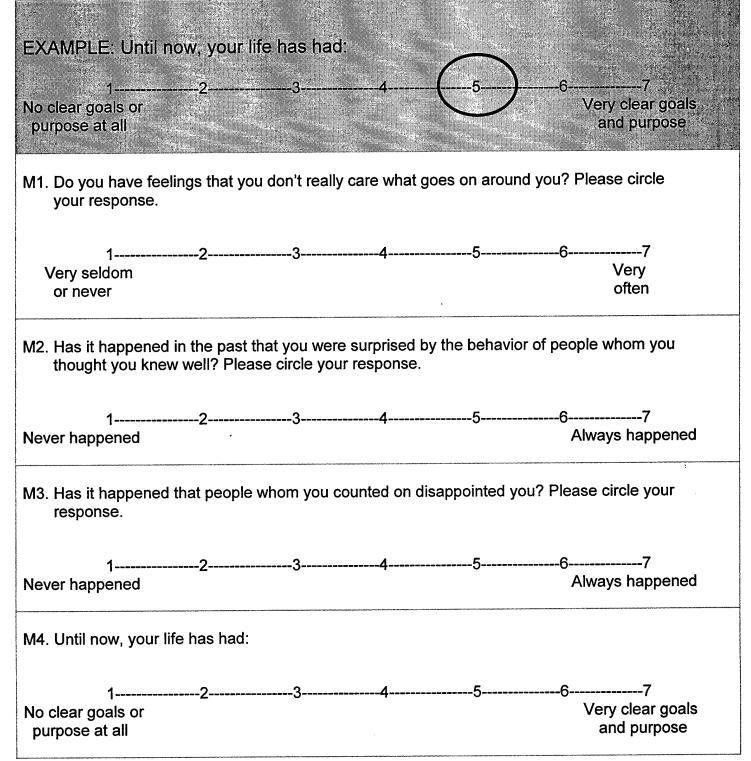
K9.	Please	e circle	your response.		ost recent PSA test(s	
Not a	t all		2Slightly worried	33 Moderately worried	v Very worried	Extremely worried
K10.			are you about th your response.	e actual <u>number</u> c	of PSA tests you've ha	ad since surgery?
1			2		4	5
Not a	t all		Slightly	Moderately worried	v Very	Extremely
K11.	Do you	u feel yo	ou've had the rig	ht amount of PSA	tests since your surg	ery?
	1	Shou	uld have had fev	ver (please go to h	(12)	
	2	— Num	ber of tests is a	bout right (please	go to K12)	
				ore (if more, pleas		
	K11a	. How	many more tests	s do you think you	should have had?	•
K12.	How lo	ong afte	er surgery (montled? Please ente	ns or years) would er your response in	you want to continue the appropriate spac	having your PSA ce below.
			Months	OR .	Years	
K13.			ever talked with cancer?	you about how the	PSA test will be used	l to help monitor
	1 2	_NO _YES	(If no, go to K1 (If yes, go to K	4) 13a.)		
		test is circle y	used to help fol our response.	low you after your	octor's explanations a surgery for prostate o	ancer? Please
1			2	3	4 Very	5
Not a satis	t all fied		Slightly satisfied	Moderately satisfied	Very satisfied	satisfied

K14.	Wha your	t do you think surgery? Plea	is the chance t se circle your r	hat you will have a esponse.	a recurrence of	f prostate ca	ncer after
1		2	3	44	5	6	7
No		Very	Unlikely	Moderate chance	Likely	Very	Certain to happen
	your	response.		have a recurrence			
1			2	3	4 Von		5 Evtremely
Not a Wor		Sil	gntly orried	Moderately worried	worri	y ied	worried
K16.	Befo	ore your surg	e ry , did you joi	n a prostate cance	er support grou	ıp?	Colonia de Carlo de C
	1	NO (if n	o, please go to	K17.)			•
	2	YES (if	∕es, please go	to K16a.)			
		prior 1 2 3	to surgery?	wice a month	tate cancer sup	oport group	meetings
K17.	Afte	r your surger	y , did you join	a prostate cancer	support group	?	
		NO YES (if y	es, please go	to K17a)			
		K17a. Abo	ut how often di	id you attend pros	tate cancer sup	pport group	meetings?
		1	Severa	al times a week			
			About				
			About				
		4_	About	once a month			

Please tell us how strongly you agree or disagree with each statement below by circling the response that best describes your feelings.

200	MPLE: I feel that my efforts noticed and rewarded.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly	Strongly Agree
L1	I feel that I get what I am entitled to in life.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L2	I feel that my efforts are noticed and rewarded.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L3	I feel that people treat me fairly.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L4	I feel that I earn the rewards and punishments I get.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L5	I feel that when I meet with misfortune, I have brought it upon myself.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L6	I feel that I get what I deserve in life.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L7	I feel that people treat me with the respect that I deserve.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L8	I feel the world treats me fairly.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L9	I basically believe the world is a fair place.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree

Below are questions about various aspects of our lives. Each question has seven possible answers. Please circle the number that best describes how you feel.



M5. I	Do you have	the feeling that	you're being	treated unfai	rly? Please c	ircle your response.
•	1 Very often	2	3	4	5	67 Very seldom or never
	•	the feeling that your response.	you are in ar	n unfamiliar si	tuation and c	ion't know what to do?
,	1Very often	2	3	4	5	67 Very seldom or never
M7. I	Doing the thir	ngs you do ever	y day is:			
plea	1urce of deep asure and tisfaction	2	3	4	5	67 A source of pain and boredom
M8. I	Do you have	very mixed-up f	eelings and i	ideas? Pleas	e circle your ı	response.
•	1 Very often	2	3	4	5	67 Very seldom or never
	Does it happ your respons		e feelings ins	side that you	would rather	not feel? Please circle
	1Very often	2	3	4	5	67 Very seldom or never
M10	. Many people certain situa	e—even those v	with a strong n have you fe	character—s elt this way in	ometimes fe the past? Pl	el like sad sacks (losers) in ease circle your response.
	1 Never	2	3	4	5	67 Very often

in the right proportion 12. How often do you have the feeling that there's little meaning in the things you do in daily life? Please circle your response. 1	· •					
or underestimated its importance in the right proportion M12. How often do you have the feeling that there's little meaning in the things you do in daily life? Please circle your response. 1234567 Very often Very seldom or never M13. How often do you have feelings that you're not sure you can keep under control? 13456	//11. When someth	ing happened	d, have you ge	enerally found	that:	
or underestimated its importance in the right proportion ### 12. How often do you have the feeling that there's little meaning in the things you do in daily life? Please circle your response. #### 1						_
rou overestimated its importance in the right its importance in the right its importance in the right proportion in the right proportion. M12. How often do you have the feeling that there's little meaning in the things you do in daily life? Please circle your response. 1———————————————————————————————————	1	2	3	4	5	
its importance proportion M12. How often do you have the feeling that there's little meaning in the things you do in daily life? Please circle your response. 123456	rou overestimateu					, 04 04
M12. How often do you have the feeling that there's little meaning in the things you do in daily life? Please circle your response. 1——2——3——4——5——6——7 Very often Very seldom or never M13. How often do you have feelings that you're not sure you can keep under control? 1——2——3——4——5——6——7 Very often Very seldom or never Q1. Did anyone assist you with the completion of this survey?						
life? Please circle your response. 1234567 Very often Very seldom or never M13. How often do you have feelings that you're not sure you can keep under control? 1234567 Very often Very seldom or never Q1. Did anyone assist you with the completion of this survey?	its importance					proportion
Very often W13. How often do you have feelings that you're not sure you can keep under control? 1234567 Very often Very seldom or never Q1. Did anyone assist you with the completion of this survey?				nere's little me	aning in the	things you do in daily
Very often M13. How often do you have feelings that you're not sure you can keep under control? 1234567 Very often Very seldom or never Q1. Did anyone assist you with the completion of this survey?	1	2	3	4	5	7
N13. How often do you have feelings that you're not sure you can keep under control? 1234567 Very often Very seldom or never Q1. Did anyone assist you with the completion of this survey?	Very often		-	·		Very seldom
Q1. Did anyone assist you with the completion of this survey?						or never
17 Very often Very seldom or never Q1. Did anyone assist you with the completion of this survey?			lings that you	ro not ouro vo	u can keen	under control?
Q1. Did anyone assist you with the completion of this survey?	M13. How oπen do	you nave tee	elings that you	re not sure yo	u can keep	under control:
Q1. Did anyone assist you with the completion of this survey?	1	2	3	4	5	7
Q1. Did anyone assist you with the completion of this survey?	Verv often					Very seldom
Q1. Did anyone assist you with the completion of this survey? No	•					or never
Q1. Did anyone assist you with the completion of this survey? No If yes, who?						
Q1. Did anyone assist you with the completion of this survey? No If yes, who?						
Q1. Did anyone assist you with the completion of this survey? No You If yes, who?						
Q1. Did anyone assist you with the completion of this survey? No If yes, who?						
Q1. Did anyone assist you with the completion of this survey? No You If yes, who?						
Q1. Did anyone assist you with the completion of this survey? No You If yes, who?						
Q1. Did anyone assist you with the completion of this survey? No You If yes, who?						
Q1. Did anyone assist you with the completion of this survey? No You If yes, who?						
Vos If ves who?	Q1. Did anyone	assist you wit	th the complet	ion of this surv	vey?	
	Voc	If was who?				

Thank you for taking the time to fill out this questionnaire. Your answers are very important to us. They will help researchers learn more about the quality of life of prostate cancer patients and their families.

We appreciate the care you have shown in completing this survey! We will be mailing you the fourth questionnaire twelve months from your treatment and/or management initiation date.

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Appendix E Twelve Month Questionnaire

WELCOME!

This is the beginning of the questionnaire. We would like to thank you, in advance, for the time and thought you invest in filling it out. Please complete and return this survey in the postage-paid envelope within 1 week of receipt.

INSTRUCTIONS: In the following pages, you will be asked several questions about your health, well-being, quality of life, perceptions of support that you give and receive from your spouse, and views of your illness. Please try to answer each question. While you complete the questionnaire, please do not talk about the questions or answers with anyone. All your responses will be kept strictly confidential, and will not be seen by your spouse. Should you have any questions, please call Jill Smith at (919) 956-5644. In advance, thank you for your time and efforts.

We will begin by asking you some questions about your background.

	GENERAL BACKGROUND INFORMATION - PLEASE	PRINT.
A1.	Today's date:////	
A2.	Name:	.
A3.	Home Address:Street	Apt. #
	City State Zip Code	
A4.	Home Phone Number: ()	
A5.	Date of Birth://///	
A 6.	What is your highest level of education? (Put a checkmark by the ans	swer.)
	 Grade school Some high school High school graduate Some college College graduate Graduate education 	
A7.	Which of the following best describes your racial or ethnic backgroun	d?
	 White, not of Hispanic origin Black or African-American, not of Hispanic origin Hispanic American Indian/Alaskan native Asian/Pacific Islander Hawaiian native Other (please specify). 	

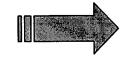
A8.	Which of the following best describes your current relationship?
	 Living with spouse or partner In a significant relationship, but not living together Not in a significant relationship
A9.	What is your current marital status?
	1 Never married 2 Married 3 Separated 4 Divorced 5 Widowed
A10.	How long have you been married/separated/divorced/widowed? years
A11.	Who else lives in your household besides yourself? (Please check all that apply.)
	1Your husband/wife 2Your mother 3Your father 4Your children 18 or under —> How many? 5Your children over 18 —> How many? 6Sister(s) —> How many? 7Brother(s) —> How many? 8Grandchildren —> How many? 9Grandparent(s) —> How many? 10Other relatives —> How many? 11Other non-relatives —> How many? 12I live by myself.
A12.	Here are several broad income ranges. Please select the range that most closely approximates <u>your</u> yearly household income, before taxes, from all sources, including social security.
2 3 4 5 6 7	0 - \$4,000 2
A13.	Altogether, how many people live on this income?
wire-research	People.

Do you have any of the following illnesses or conditions at the present time?

	ILLNESS / CONDITION		No or	If YES, circle how much the illness interferes with your daily activities			
Exa	ample: Asthma No		Yes	Not At All	A Little	A Great Deal	
B1	Anemia	No	Yes	Not At All	A Little	A Great Deal	
B2	Arthritis or rheumatism	No	Yes	Not At All	A Little	A Great Deal	
В3	Asthma	No	Yes	Not At All	A Little	A Great Deal	
B4	Cancer or leukemia	No	Yes	Not At All	A Little	A Great Deal	
B5	Circulation trouble in arms, legs, or feet	No	Yes	Not At All	A Little	A Great Deal	
B6	Depression, anxiety or emotional problems	No	Yes	Not At All	A Little	A Great Deal	
B7	Diabetes	No	Yes	Not At All	A Little	A Great Deal	
B8	Effects of Polio	No	Yes	Not At All	A Little	A Great Deal	
В9	Effects of stroke	No	Yes	Not At All	A Little	A Great Deal	
B10	Emphysema or chronic bronchitis	No	Yes	Not At All	A Little	A Great Deal	
B11	Epilepsy/seizures	No	Yes	Not At All	A Little	A Great Deal	
B12	Glaucoma	No	Yes	Not At All	A Little	A Great Deal	
B13	Heart Disease	No	Yes	Not At All	A Little	A Great Deal	
B14	High blood pressure (greater than 140/90)	No	Yes	Not At All	A Little	A Great Deal	
B15	Kidney disease	No	Yes	Not At All	A Little	A Great Deal	
B16	Liver disease	No	Yes	Not At All	A Little	A Great Deal	
B17	Multiple Sclerosis	No	Yes	Not At All	A Little	A Great Deal	

	ILLNESS / CONDITION		No or	If YES, circle how much the illness interferes with your daily activities.			
B18	Stomach or intestinal disorders, gall bladder problems, or irritable bowel syndrome	No	Yes	Not At All	A Little	A Great Deal	
B19	Other urinary tract disorders (including prostate trouble)	No	Yes	Not At All	A Little	A Great Deal	
B20	Parkinson's Disease	No	Yes	Not At All	A Little	A Great Deal	
B21	Severe memory problems such as Alzheimer's or other dementing illness	No	Yes	Not At All	A Little	A Great Deal	
B22	Skin disorders such as pressure sores, leg ulcers, or severe burns.	No	Yes	Not At All	A Little	A Great Deal	
B23	Thyroid or other glandular disorders	No	Yes	Not At All	A Little	A Great Deal	
B24	Tuberculosis	No	Yes	Not at All	A Little	A Great Deal	
B25	Stomach Ulcers	No	Yes	Not at All	A Little	A Great Deal	
B26	Leg Amputation(s)	No	Yes	Not at All	A Little	A Great Deal	

Please continue to the next page of the questionnaire.



The following statements are about your thoughts and feelings **since beginning your treatment for and/or management of prostate cancer.** Please circle the statement that best describes your thoughts and feelings. Please respond to every statement.

	THOUGHTS AND FEELINGS		Cl	RCLE RESPO	ONSE	
54	MPLE: The purpose of each tment is clear to me.	Strongly Disagree	Disagree	Undecided (Agree	Strongly Agree
C1	I do not know what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C2	I have a lot of questions without answers.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C3	I am unsure if my illness is getting better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C4	It is unclear how bad my incontinence will be.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C5	The explanations they give about my condition seem hazy to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C6	The purpose of each treatment is clear to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C7	When I have impotence, I know what this means about my condition.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C8	I do not know when to expect things will be done to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C9	My symptoms/side effects continue to change unpredictably.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C10	I understand everything explained to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
C11	The doctors say things to me that could have many meanings.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

The following statements are about your thoughts and feelings since beginning your treatment for and/or management of prostate cancer.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
C12	I can predict how long my illness will last.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C13	My treatment is too complex to figure out.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C14	It is difficult to know if the treatments or medications I am getting are helping.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C15	There are so many different types of staff, it is unclear who is responsible for what.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C16	Because of the unpredictability of my illness, I cannot plan for the future.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C17	The course of my illness keeps changing. I have good days and bad days.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C18	It is vague to me how I will manage my care now that I've left the hospital.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C19	I have been given many differing opinions about what is wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C20	It is not clear what is going to happen to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C21	I usually know if I am going to have a good or bad day.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C22	The results of my tests are inconsistent.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C23	The effectiveness of my treatment is undetermined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	

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The following statements are about your thoughts and feelings since beginning your treatment for and/or management of prostate cancer.

	THOUGHTS AND FEELINGS	CIRCLE RESPONSE					
C24	It is difficult to determine how long it will be before I can care for myself.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C25	I can generally predict the course of my illness.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C26	Because of the treatment's side effects, what I can do and cannot do keeps changing.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C27	I am certain they will not find anything else wrong with me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C28	The treatment I am receiving has a known probability of success.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C29	They have not given me a specific diagnosis.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C30	My incontinence and impotence are predictable; I know when they are going to get better or worse.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C31	I can depend on the clinic staff to be there when I need them.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C32	The seriousness of my illness has been determined.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
C33	The doctors and nurses use everyday language so I can understand what they are saying.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	

The following statements are about your sense of control over your life <u>during</u> the past month. Please circle the response that best describes how you have thought and felt during the past four weeks.

	SENSE OF CONTROL	CIRCLE RESPONSE						
mor	MPLE: During the past of my problems e due to bad breaks.	Strongly Disagree	Disagree) Undecided	Agree	Strongly Agree		
D1	During the past month, there was no sense in planning a lot. If something is going to happen, it will.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D2	During the past month, the really good things that happened to me were mostly luck.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D3	During the past month, I was responsible for my own successes.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D4	During the past month, I could do just about anything I really set my mind to.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D5	During the past month, most of my problems were due to bad breaks.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D6	During the past month, I had little control over the bad things that happened to me.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D7	During the past month, my misfortunes were a result of the mistakes I made.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		
D8	During the past month, I was responsible for my failures.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree		

The next questions ask about marital attitudes and behaviors <u>during the past</u> <u>month.</u> Answer all questions as honestly as possible. Answer all questions with your partner in mind unless directed otherwise. **Please answer the questions** without talking to your partner. Your partner should not see or help with the answers. Circle the number from 1 to 7 that best reflects your thoughts and feelings about each statement.

	ATTITUDES AND BEHAVIORS	CIRCLE RESPONSE								
K: 80704-75, 3,30000000	mple: During the past oth, our marriage has been ng.	Strongly Disagree	1	-2	3	-4)6	7	Strongly Agree
E1	During the past month, we have had a good marriage.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
E2	During the past month, my relationship with my partner has been very stable.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
E3	During the past month, our marriage has been strong.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
E4	During the past month, my relationship with my partner has made me happy.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
E 5	During the past month, I have really felt like part of a team with my partner.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
ever	On the scale below, circle the number thing considered, in your marriage desents your response.	r from 1-10 to the particular	that b	est de onth. I	escrib Pleas	es the	e degre le the i	ee of h	appi r tha	ness, t best
	134	5	6		7	,	8		-9	10
•	√ery unhappy	Ha _l	рру					Pei	rfect	y happy

In the space below, please answer the following questions.

F1.	During the past month, what has your wife said or done that you experienced as most annoying or That upset you, made you angry, or just somehow rubbed you the wrong way in regards to how you Are coping with prostate cancer?
F2.	During the past month, what have you wished that your wife had done or said to help you cope with recovering from cancer that she did not do?

The statements below are possible reactions that you may have had towards your wife. Please tell us how often you have responded this way **during the past month**.

	THOUGHTS AND FEELINGS		CIRCLE R	ESPONSE	
	EXAMPLE: During the past month, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G1	During the past month, you've acted impatient with her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G2	During the past month, you've seemed angry or upset with her when she needed assistance.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G3	During the past month, you've complimented the way she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G4	During the past month, you've seemed not to enjoy being around her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G5	During the past month, you've made her wait a long time for help when she needed it.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G6	During the past month, you've made it comfortable for her to share with you how she was feeling.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G7	During the past month, you've avoided being around her when she was not feeling well.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G8	During the past month, you've given her the idea you really did not want to talk about a problem she was having.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way

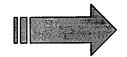
	THOUGHTS AND FEELINGS		CIRCLE R	ESPONSE	
G9	During the past month, you've shouted or yelled at her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G10	During the past month, you've made it a point to spend time with her when you thought she was feeling low.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G11	During the past month, you've not seemed to respect her feelings.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G12	During the past month, you've complained about any medical problems she might have, or about helping her with a task she found difficult to do by herself.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G13	During the past month, you've acted uncomfortable talking to her about how she was coping with your illness.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G14	During the past month, you've criticized the way she was coping with your disease and/or its treatment.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G15	During the past month, you've been affectionate with her when you thought she needed support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G16	During the past month, you've acted less accepting of her.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way
G17	During the past month, you've not been emotionally supportive of her when she expected some support.	Never responded this way	Rarely responded this way	Sometimes responded this way	Often responded this way

The following questions concern your relationship with your wife <u>during the</u> <u>past month</u>. Please circle the response that best describes your thoughts and feelings about each statement.

	THOUGHTS AND FEELINGS		CIRCLE R	ESPONS	E
EXAMPLE: During the past month, I have not been able to turn to my wife for guidance in times of stress.		Strongly Disagree	Disagree	Agree	Strongly
H1	During the past month, I have been able to depend on my wife to help me if I really need it.	Strongly Disagree	Disagree	Agree	Strongly Agree
H2	During the past month, I have not been able to turn to my wife for guidance in times of stress.	Strongly Disagree	Disagree	Agree	Strongly Agree
Н3	During the past month, my wife has enjoyed the same social activities I do.	Strongly Disagree	Disagree	Agree	Strongly Agree
H4	During the past month, I have felt personally responsible for my wife's well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree
H5	During the past month, I have not thought that my wife respected my skills and abilities.	Strongly Disagree	Disagree	Agree	Strongly Agree
H6	During the past month, if something went wrong my wife would not come to my assistance.	Strongly Disagree	Disagree	Agree	Strongly Agree
H7	During the past month, I have had a close relationship with my wife that provides me with a sense of emotional security and well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree
H8	During the past month, my wife has recognized my competence and skill.	Strongly Disagree	Disagree	Agree	Strongly Agree
H9	During the past month, my wife has not shared my interests and concerns.	Strongly Disagree	Disagree	Agree	Strongly Agree

	THOUGHTS AND FEELINGS		CIRCLE RESPONSE			
H10	During the past month, my wife has not really relied on me for her well-being.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H11	During the past month, my wife has been a trustworthy person I could turn to for advice if I were having problems.	Strongly Disagree	Disagree	Agree	Strongly Agree	
H12	During the past month, I have lacked a feeling of intimacy with my wife.	Strongly Disagree	Disagree	Agree	Strongly Agree	

Please continue to the next page of the questionnaire.



The following questions are about activities you might do during a typical day. **Does your health now limit you in these activities?** If so, how much? Please circle your response.

ACTIVITIES	CIRCLE RESPONSE				
EXAMPLE: Lifting or carrying groceries	Yes, limited a lot	Yes, limited a (little	No, not limited at all		
I1. Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I3. Lifting or carrying groceries	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I4. Climbing several flights of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I5. Climbing one flight of stairs	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I6. Bending, kneeling, or stooping	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I7. Walking more than a mile	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I8. Walking several blocks	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I9. Walking one block	Yes, limited a lot	Yes, limited a little	No, not limited at all		
I10. Bathing or dressing yourself	Yes, limited a lot	Yes, limited a little			

During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities <u>as a result of your **PHYSICAL**</u> **HEALTH**? Please circle YES or NO for each question.

PROBLEMS AS A RESULT OF PHYSICAL HEALTH	CIRCLE	RESPONSE
EXAMPLE: Accomplished less than you would like	Yes	No
I11. Cut down on the amount of time you spent on work or other activities	Yes	No
I12. Accomplished less than you would like	Yes	No
I13. Were limited in the kind of work or other activities	Yes	No
I14. Had difficulty performing the work or other activities (for example, it took extra effort)	Yes	No :

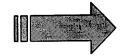
During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other daily activities <u>as a result of any **EMOTIONAL PROBLEMS**</u>, such as feeling depressed or anxious? Please circle YES or NO for each question.

EMOTIONAL PROBLEMS	CIRCLE	RESPONSE
I15. Cut down on the amount of time you spent on work or other activities	Yes	No
I16. Accomplished less than you would like	Yes	No
I17. Didn't do work or other activities as carefully as usual	Yes	. No

These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please circle the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

	FEELINGS	CIRCLE RESPONSE							
C-308600000000000000000000000000000000000	AMPLE: Have you felt All calm and peaceful?		Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I 18 .	Did you feel full of pep?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I 19 .	Have you been a very nervous person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I20.	Have you felt so down in the dumps that nothing could cheer you up?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I21.	Have you felt calm and peaceful?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I22.	Did you have a lot of energy?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I23.	Have you felt downhearted and blue?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I24.	Did you feel worn out?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
I25.	Have you been a happy person?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		
126.	Did you feel tired?	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time		

^I 27. During the	past 4 weeks, how	much of the t	ime has your ph	ysical health or en	notional problems
interfered	with your social actively actively actively with your response.	vities (like visit	ing with friends,	relatives, etc.)?	
1	2		-3	4	5
All of	Most of	So	me of	A little of	None of
the time	the time	the	e time	the time	the time
interfered Please circ	past 4 weeks, to weith your normal socie your response.	cial activities \	with family, frien	ds, neighbors, or g	roups?
1	2	3		4	5
Not at all	2 Slightly	Mode	erately	Quite a bit	Extremely
I ₂₉ . How much	n bodily pain have y	ou had during	the past 4 wee	ks? Please circle	your response.
1	2	3	4	5	6
None	Very mild	Mild	Moderate	Severe	Very severe
^I 30. During the work outsi	past 4 weeks, how de the home and ho	much did pai usework)? Ple	n interfere with pease circle your	your normal work (response.	including both
1	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	4	5
Not at all	Slightly	Mod	erately	Quite a bit	Extremely



Please choose the answer that best describes how true or false each of the following statements is for you. **Circle one item on each line.**

STATEMENT						CIRCLE RESPONSE				
EXAMPLE: I expect my health to get worse.		Defini true	1.15	Mostly true.	N	ot sure.	Mostl		Definitely false.	
I31. I seem to get sick a little easier than other people.		Definitely true.		Mostly true.	THE STATE ST	Not sure.	Mostly false.		Definitely false.	
I32. I am as healthy as anyone I know.		Defini true	•	Mostly true.	N	Not sure.	Mostly fa	alse.	Definitely false.	
I33. I expect my hea	I33. I expect my health to get worse.		Definitely true.		\	Not sure.	Mostly fa	alse.	Definitely false.	
I34. My health is exc	cellent.	Definitely true.		Mostly true.	1	Not sure.	Mostly fa	alse.	Definitely false	
I35. In general, wou Please circle yo			alth is:	•						
Excellent	Very (Good		Good	***************************************	Fa	air		Poor	
I36. Compared to one year ago, how would you rate your health in general now? Please circle your response.										
Much better now than one year ago. Somewhat better now than one year ago.						now th	at worse an one ago.		ch worse now one year ago.	

URINARY FUNCTION: This section is about your urinary habits. Please consider **ONLY THE LAST 4 WEEKS**.

J1. Over the past 4 weel	ks, how ofter	n have you leake	ed urine	e? Please circl	e your respons	e. ·		
Every day	nce a week.	Less	than once a w	eek. N	ot at all.			
J2. Which of the followin your response.	g best descr	ibes your urinar	y contr	ol during the	last 4 weeks?	Please circle		
No control whatsoever.	Freque	ent dribbling.	Occ	asional dribbli	ng. To	tal control.		
J3. How many pads or a weeks? Please circ			ı usuall	y use to contro	ol leakage duri	ng the last 4		
3 or more pads pe	r day.	1-2 pa	ds per	day.	No pads.			
How big a problem, if an	y, has each	of the following	been fo	or you? Please	e circle your res	ponse.		
J4. Dripping urine or wetting your pants.	No proble	m Very sm proble		Small problem	Moderate problem	Big problem		
J5. Urine leakage interfering with your sexual activit	No proble	m Very sn proble	1	Small problem	Moderate problem	Big problem		
J6. Overall, how big a problem has your urinary function been for you during the last 4 weeks? Please circle your response.								
1	2	3		4-		5		
No problem		Small proble		Mod	erate blem	Big problem		

BOWEL HABITS: This section is about your bowel habits and abdominal pain. Please consider **ONLY THE LAST 4 WEEKS**.

17. How often have you had rectal urgency (felt like you had to pass stool, but did not) during the last 4 weeks? Please circle your response.								
1	22	3		4	5			
More than	About once a day	More than	once A					
J8. How often h mushy) dur	o form, watery,							
1	2	3		4	5			
Never	Rarely	About hal the time	f	Usually	Always			
	distress have your e your response.		s caused you	during the last 4 v	weeks?			
1	2-		3		4 :			
Severe distress	Mode distre	rate	Little distres)	No distress			
	have you had cran cle your response.	npy pain in your a	bdomen or pe	elvis during the la	st 4 weeks?			
1	2	3	4	5	6			
Several	About once a day tir	Several	About once	About once this month	Rarely			
	ow big a problem ha cle your response.	as your bowel hab	oits been for y	ou during the las	t 4 weeks?			
1	2	3		4	5			
Big problem	Moderate problem	Small problem	`	/ery small problem	No problem			

SEXUAL FUNCTION: The next section is about your sexual function and sexual satisfaction. Many of the questions are very personal, but they will help us understand the important issues that you face every day. Remember, YOUR NAME DOES NOT APPEAR ANYWHERE ON THIS SURVEY. Please answer honestly about THE LAST 4 WEEKS ONLY.

How has ea	ch of the	e following	g been for y	ou? Pl	ease circle	your	response.			
J12. Your level of sexual Desire?		xual	Very poo	or	Poor	***************************************	Fair	(⊖ood	Very good
	Your ability to have an Very poor Erection?		Very poor		Poor		Fair	C	∋ood	Very good
J14. Your ab Orgasm	•	,	Very poo	or	Poor		Fair	C	Good	Very good
J15. How wo	uld you	describe	the usual C	UALIT	Y of your e	recti	ons? Please	circle	your	response.
None a	t all.	ì	firm enough		}	_	for masturbat eplay only.	tion	F	Firm enough for intercourse.
J16. How wo	ould you	describe	the FREQU	JENCY	of your er	ectio	ns? Please ci	ircle y	our r	esponse.
erection when I LESS THAN HALF ABOUT HALF the MORE THAN HALF WHENEV						I had an erection WHENEVER I wanted one.				
J17. How oft Respon		you awa	kened in the	e morn	ning or nigh	t with	an erection?	? Plea	ase ci	rcle your
Never		om (less to	i	often (alf the	less than time)		ten (more tha		-	often (more than 5% of the time)

J18. During the last 4 weeks, did you have vaginal or anal intercourse? Please circle your response.										
No		Yes, once	Yes, mo	re than once						
	J19. Overall, how would you rate your ability to function sexually during the last 4 weeks? Please circle your response.									
1		3	44	5						
Very poor	Poor	Fair	Good	Very good						
	w big a problem has le your response.	your sexual function been	for you during the pas	st 4 weeks?						
1		3	4	5						
No.	Very	Small	Moderate	Big						
	small problem	problem	problem	problem						
Please circ	cle your response.	vith the treatment you recei 3 Uncertain	44							
Dissausileu										
1 No	had erections since If no please go to qualifyes, please go to qualifyes,	your treatment for prostate uestion K1.	e cancer?							
2103	ii yoo, pioado go to t	400.011 0225.								
	Do your erections re response.	quire assistance? Please n	nark your							
2	I No If no 2 Yes If yes	please go to question K1. , please indicate which me	ethod you use.							
	Peni Peni Uret Vacu Con	ra omax le Injections hral Suppositories (MUSE) uum Device striction Ring er Please specify:								

Please answer the following questions related to your prostate cancer and the PSA (Prostate Specific Antigen) test.

The PSA is a relatively new test, and there is much to learn about how its use affects patients. While answering the questions below, if you are unsure of any words or terms, please make your best guess.

K1.	Do you know why the PSA level is measured after surgery?
	1 NO (if no, please go to K2)
	2 YES (If yes, please answer K1a)
	K1a. In the space below please explain briefly why you think the PSA is measured after surgery.
K2.	Do you know what it means to have a detectable PSA level after surgery?
	1 NO (if no, please go to K3) 2 YES (if yes, please answer K2a)
	K2a. Please explain briefly what you think it means to have a detectable PSA level after surgery.
K3.	Do you think having a detectable PSA level after surgery means that prostate cancer is still present?
	1NO
	2YES
	3 Don't know
K4.	How many PSA tests have you had since surgery? (Number of tests)

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K5.	When w	as your last PSA t	est?		_ (Date)						
K6.	6. Do you know your last PSA value?										
	1 NO (if no, please mark one of the following options and go to K7.)										
		A I don't	remember	my last PSA val	ue.						
		B I have	never been	told my PSA va	alue.						
	2	YES (if yes, plea	ase write it h	nere:	_ PSA valu	ue (ng/ml) ar	nd go to K6a.)				
		K6a. How reass circle your		ou by the result	s of your la	ast PSA test?	Please				
	1	2		3		4	5				
Not	at all	Slightly reassured		Moderately reassured	r	Very eassured	Extremely reassured				
K7.	Was the than ze	e value of your last ro")?	t PSA test'	'not detectable"	(sometime	es called "zer	o" or "less				
	1	NO (if no, pleas	e go to K8)								
	2	Don't know (plea	se go to K8)							
	3	I have not had a	PSA test sir	nce I had my sur	gery for pr	ostate cance	r. (go to K8)				
	4	YES (if yes, plea	se go to K7	a.)							
		K7a. How reass (sometime response.	uring is it to s called "ze	you that your la	ast PSA va zero")? F	lue was "not Please circle y	detectable" /our				
	1	22		3		4	5				
Not	at all	Slightly		Moderately		Very	Extremely				
reas	suring	reassuring		reassuring	r	eassuring	reassuring				
K8.	Do you v	vish you'd had the ast PSA test mea	opportunity	y to talk more to	your docto	or about what	the results				
	1	_ YES									
	2	_ NO Don't know									
	<u> </u>	_ DOLL KITOW									

Please	rried are you about the circle your response.			- 5
Not at all	2 Slightly worried	Moderately worried	Very worried	Extremely
	orried are you about the circle your response.	actual <u>number</u> of P	'SA tests you've had sin	ce surgery?
Not at all	Slightly	3 Moderately worried	Very worried	5 Extremely worried
K11. Do you	feel you've had the righ	t amount of PSA tes	sts since your surgery?	
1	_ Should have had fewe	er (please go to K12	2)	
2	Number of tests is ab	out right (please go	to K12)	
3	_ Should have had mor	e (if more, please g	o to K11a.)	
K11a.	How many more tests	do you think you sho	ould have had?	·
K12. How lor level m	ng after surgery (monthseasured? Please enter	s or years) would yo your response in th	u want to continue havir e appropriate space bel	ng your PSA ow.
	Months	OR	Years	
K13. Has a do	octor ever talked with you	ou about how the PS	SA test will be used to he	elp monitor
1 2	NO (If no, go to K14 YES (If yes, go to K13) 3a.)		
	test is used to help follo circle your response.	w you after your sur	tor's explanations about gery for prostate cancer	*? Please
Not at all	Slightly	Moderately	Very satisfied	Completely

K14. Wh	nat do you think ur surgery? Plea	is the chance tase circle your	that you will have response.	a recurrence of p	rostate ca	incer after
4	2	3	4	5	6	7
No	Very unlikely	Unlikely	Moderate	Likely	Very	Certain to happen
	w worried are y ır response.	ou that you will	have a recurrenc	e of prostate can	cer? Plea	se circle
1		-2	3	4		5
Not at all Worried	all Slightly		Moderately worried	Very worried	t	Extremely worried
K16. <u>Be</u>	fore your surg	ery , did you joi	n a prostate canc	er support group	?	CONTRACTOR
1	NO (if i	no, please go to	o K17.)			
_	YES (if	-				
_		, , ,	,			
		out how often dir r to surgery?	id you attend pros	tate cancer supp	ort group	meetings
	1_	Severa	I times a week			
	2	About o	once a week			
	3	About t	wice a month			
	4	About o	once a month			
K17. <u>Af</u>	ter your surge	r y , did you join	a prostate cancer	support group?		
1_	NO					
	YES (if	es, please go	to K17a)			
 _		, , , , J · · · · · · · · · · · · · · ·	•			
	K17a. Abo	out how often d	id you attend pros	tate cancer supp	ort group	meetings?
	1_	Severa	al times a week			
	2_	About	once a week			
	3	About	twice a month			
	-	About	•			

Please tell us how strongly you agree or disagree with each statement below by circling the response that best describes your feelings.

	MPLE: I feel that my efforts noticed and rewarded.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly	Strongly Agree
L1	I feel that I get what I am entitled to in life.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L2	I feel that my efforts are noticed and rewarded.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L3	I feel that people treat me fairly.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L4	I feel that I earn the rewards and punishments I get.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L5	I feel that when I meet with misfortune, I have brought it upon myself.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L6	I feel that I get what I deserve in life.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L7	I feel that people treat me with the respect that I deserve.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L8	I feel the world treats me fairly.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
L9	I basically believe the world is a fair place.	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree

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Below are questions about various aspects of our lives. Each question has seven possible answers. Please circle the number that best describes how you feel.

Property of the Control of the Contr	Salar All Company		16. 13.114		the control of the co			
EXAMPLE: Until n	ow, your li	fe has had	A STATE OF THE STA					
1———— No clear goals or purpose at all	2	3 - 17 16 - 16 - 17		5	7 Very clear goals and purpose			
M1. Do you have feel your response.	ings that yo	u don't really	care what go	es on around	d you? Please circle			
1	2	3	4	5	6 - 7			
Very seldom		Ü	•	· ·	Very			
or never					often			
1 Never happened	2	3	4	5	67 Always happened			
M3. Has it happened that people whom you counted on disappointed you? Please circle your response.								
1	2	. 3	4	5	7			
Never happened	-	•	•	-	Always happened			
M4. Until now, your life has had:								
1	2	3	4	5	7			
No clear goals or	-	-	-		Very clear goals			
purpose at all					and purpose			

M5. Do you have the feeling that you're being treated unfairly? Please circle your response.						
1 Very often	2	3	4	5	67 Very seldom or never	
M6. Do you have t Please circle y	he feeling that your response.	you are in an	unfamiliar si	ituation and d	on't know what to do?	
1 Very often	2	3	4	5	67 Very seldom or never	
M7. Doing the thin	gs you do ever	y day is:				
1 A source of deep pleasure and satisfaction	2	3	4	5	67 A source of pain and boredom	
M8. Do you have	very mixed-up f	feelings and i	deas? Pleas	e circle your r	response.	
1 Very often	2	3	4	5	67 Very seldom or never	
M9. Does it happo your respons		e feelings ins	side that you	would rather	not feel? Please circle	
1 Very often	2	3	4	5	67 Very seldom or never	
M10. Many people certain situa	e—even those tions. How ofte	with a strong n have you fe	character—selt this way in	sometimes fe the past? Pl	el like sad sacks (losers) in ease circle your response.	
1 Never	2	3	4	5	7 Very often	

M11. When something happened, have you generally found that:								
1 You overestimated or underestimated its importance	2	3	4	5	You ir	7 I saw things In the right Proportion		
M12. How often do you have the feeling that there's little meaning in the things you do in daily life? Please circle your response.								
1 Very often	2	3	4	5		7 y seldom or never		
M13. How often do y	ou have feel	ings that you'	re not sure y	ou can keep	under contr	ol?		
1Very often	2	3	4	5	Ver	7 ry seldom or never		
Q1. Did anyone as No Yes If	•							

Thank you for taking the time to fill out this questionnaire. Your answers are very important to us. They will help researchers learn more about the quality of life of prostate cancer patients and their families.

We appreciate the care you have shown in completing this survey! We will be mailing you the fourth questionnaire twelve months from your treatment and/or management initiation date